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JULY 1944

Oral Hygiene

In This Issue:

FEAR NOT THE FUTURE OF DENTISTRY

JUL 17 1944

LIBRARY

Distinguished Service



Care during and after sterilizing will insure better and longer service from extracting forceps.

Forceps should be placed in the sterilizer when the water is boiling, removed while it is still hot, and dried carefully.

LUBRICIDE, a germicidal lubricant, applied to the joints of forceps after sterilizing will prevent rust at this vital point.

Lubricide— $\frac{1}{4}$ oz. jars \$.50

THE *Cleveland* DENTAL
MANUFACTURING COMPANY
CLEVELAND, OHIO • U. S. A.



**LIFEGUARD
ON DUTY**

Front-line first aid... plasma, emergency operations under fire... cuts casualty rates astonishingly. Physicians of World War II constantly face sudden death to bring modern medical miracles to fallen troops. Harrying, the war doctor's life. Weary grinds. Respite rare. Perhaps only a few moments or so now and then... time off for a welcome cigarette. A Camel, most likely—favorite brand in the armed forces.* Camel, first choice for mellow mildness, for appealing flavor... in this war, as in the last, cigarette of fighting men.



1st in the Service

*With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)



CAMEL *costlier
tobaccos*



New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410.
Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, New York



The Publisher's Corner

By Mass

Number 277

QUOTE AND UNQUOTE

THIS DEPARTMENT doesn't get a great deal of mail, but over the weeks and months it does accumulate in the brown paper folder in which it is sequestered. You look through the folder now and then, hoping that an idea for some writing will emerge. That happens sometimes. Long after a letter comes in, it will dawn upon you that it provides a topic. And long after letters are received, you find things to quote and unquote, letters from which you would have quoted long ago if the CORNER's quarters were not so cramped.

For example, this one from Doctor Paul R. Stillman, who won international distinction before going into retirement in Florida. Paul wrote: "The errors of speech of that inimitable character in fiction, Mrs. Malaprop, are classic. The errors of others are more easily recognized than our own—for instance, the term 'table clinic.' The Latin word 'clinic' identified a bed, before it was corrupted by medical students who mistook for a clinic a group gathered around a bed. What, then, is the meaning of 'table clinic'?"

Another friend of the CORNER, another Paul, Doctor Paul P. Greusel of Hebbronville, Texas, writes in a similar vein in sending a

(Continued on page 1072)



RIVETS TO ENSURE STRENGTH *Vi-Penta Perles • Vi-Penta Drops 'ROCHE'*

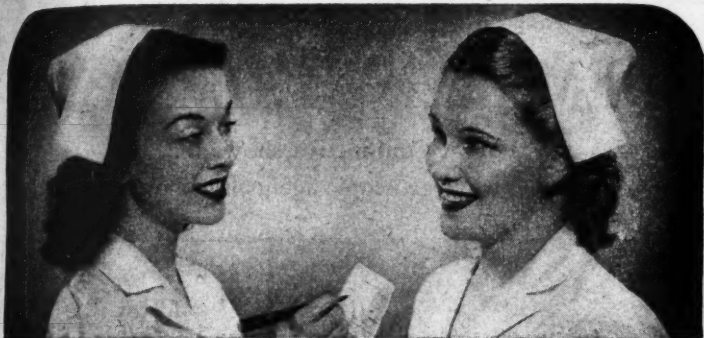
THE PUBLISHER'S CORNER

(Continued from page 1070)

clipping of Frank Colby's newspaper column, "My Word for It." In this one, Colby tells how to pronounce some dental terms, and tells what they mean. Paul says: "I read this Colby column and thought to myself: how many of us mispronounce the names of things we work upon daily—dental terms?" Ed Ryan is always nailing me for such errors—maybe some day, for example, I'll learn how to say "penicillin." Maybe.

Doctor Baines A. Goldblatt of Rochester wrote about a sense of humor: "When an architect blueprints a building for you, he always includes a fire-escape . . . That does not prove you are a potential firebug. It gives you security against disaster. The same holds true of one's mental life. Build a sense of humor as an escape, and when the going gets tough, you will have an escape mechanism that will save you from despair."

Doctor J. W. Clevenger of Chamberlain, South Dakota, sends something to quote, a low-down, mean paragraph from the Sioux Falls *Argus-Leader*: "Chicagoans think of themselves as simple, guileless people who are easy meat for New Yorkers. An ex-Chicago newspaperman complained: 'I got a little gold inlay in my tooth that comes out once in a while. In Chicago, it always cost me \$3 to get it glued back. . . . I go to a New York dentist. What do you think he charged me for five minutes' work? Eight tomatoes!'"



"The Doctor gives Anacin after every extraction!"

"Mine prescribes Anacin after all instrumentation, too!"



"The Doctor says Anacin's sure-fire to calm them down between divided sittings."

"And they all say Anacin's just the thing for simple headache!"

Pain after operation is relieved quickly by Anacin's skilled combination of effective, medically proven ingredients.

Pain after instrumentation that so upsets patients, leads them to fear your chair . . . is eased by Anacin's quick, prompt action!

Let Anacin work for you in your office. Recommend it to your pa-

tients for further relief of pain at home, if pain persists.

The Anacin Company, Distributors,
257 Cornelison Avenue, Jersey City
2, New Jersey.

ANACIN
REG. U.S. PAT. OFF.

EDEMA 0.8 *vs* EDEMA 2.7

Rabbit Conjunctiva shows the
influence of hygroscopic agents in cigarettes*



AVERAGE EDEMA 0.8

*Average edema upon
instillation of smoke
solution from PHILIP
MORRIS CIGARETTES.*



AVERAGE EDEMA 2.7

*Average edema upon
instillation of smoke
solution from ORDI-
NARY CIGARETTES.*

CLINICAL CONFIRMATION:** When smokers changed to PHILIP MORRIS, every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

Proc. Soc. Exp. Bio. and Med.*, 1934, 32, 241-245. *Laryngoscope*, 1935, XLV, No. 2, 149-154.



IF YOU BOSSED THE JOB YOURSELF...

If you should personally oversee every step in the production of Abbott Procaine Cartridges—and if you could suggest at any point in the process an improvement in technique, or a further safeguard—you may be sure that Abbott technicians, inspectors and control chemists would accept it gladly. It is Abbott's determination to make these cartridges as nearly perfect as scientific skill will permit. They are prepared under rigidly aseptic conditions, then tested for sterility, freedom from yeasts, molds and bacteria. The procaine hydrochloride is recrystallized to higher standards than U.S.P. requirements; the water is chemically

treated and then distilled. The solution is mixed in glass-lined containers and filtered through porcelain; the cartridges, rubber stoppers and plungers all are sterilized before assembly. Finally, samples of each lot of the cartridges are subjected to tests for procaine content and pH as well as for sterility.

If this is the sort of protection you wish to provide for your patients, may we remind you that your prescription pharmacy has a complete selection of Abbott Procaine Cartridges, in boxes of 10 and 100, individually labelled and made to fit all standard dental syringes. ABBOTT LABORATORIES, North Chicago, Ill.

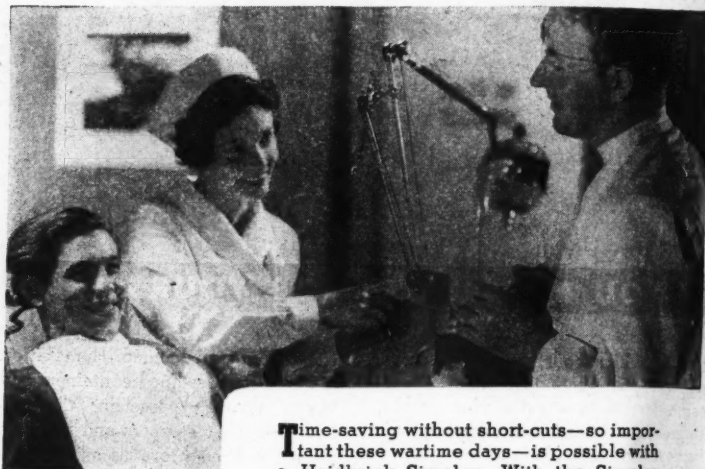
ABBOTT

PROCAINE HYDROCHLORIDE

- 2% with Epinephrine 1:30,000
- 2% with Epinephrine 1:50,000
- 2% with Epinephrine 1:60,000
- 2% without Epinephrine

IN BOXES OF 10 AND 100 CARTRIDGES

Meet Today's Demands on *Your* time with the HEIDBRINK SIMPLEX

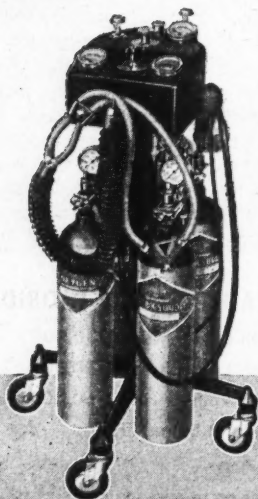


Time-saving without short-cuts—so important these wartime days—is possible with a Heidbrink Simplex. With the Simplex you can accomplish more operative work per hour—treat more patients each day—and reduce nervous strain on your part.

Economical in gas consumption, the Heidbrink Simplex meets all requirements of the accepted Nitrous Oxid-Oxygen technics for anesthesia—and all the technics for Nitrous Oxid analgesia, including self-administration by the patient.

The Simplex you buy now will soon pay for itself by increasing the number of patients you can care for efficiently each day.

Write for a copy of the booklet, "Analgesia With Nitrous Oxid," and a chart showing earnings based on the investment in the equipment.



THE OHIO CHEMICAL & MFG. CO.

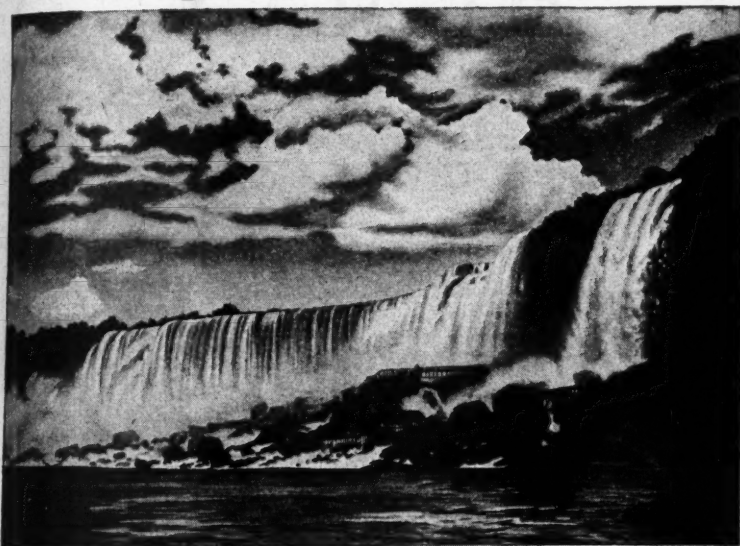
Cleveland 14, Ohio New York 22, N.Y. Chicago 12, Ill.
Birmingham 5, Ala. San Francisco 3, Calif.

BRANCHES IN OTHER PRINCIPAL CITIES

★THERE'S PLENTY OF POTENCY IN

1077

Liquid Bulk



TRY LIQUID BULK—as formed by Sal Hepatica plus water—for prompt and efficient removal of intestinal waste.

Clinical and laboratory tests prove that:

★ in the isolated loop of a dog's ileum, a laxative solution of Sal Hepatica increased the liquid bulk by 34 per cent in one hour.

★ in thistle tube experiments, a laxative solution of Sal Hepatica increased the liquid

bulk by 100 per cent within 6-12 hours.

★ Sal Hepatica's liquid bulk helps stimulate bowel muscles, maintain a proper water balance. And the salines of Sal Hepatica relieve gastric acidity, promote the flow of bile.

To guard against systemic infection, dentists find Sal Hepatica helpful, during the treatment of Periodontoclasia, Pulp Infection, Vincent's Angina, Chronic Abscesses, Retained Root Fragment and Sinus Involvement.

Bristol-Myers Company, 19 L. West 50th St., New York 20, N. Y.

TO HELP FLUSH THE INTESTINAL TRACT

Sal Hepatica  **Liquid Bulk!**

Are dentists HUMAN?



RECENTLY we, here at Noxzema, were discussing plans for advertising when the question came up as to whether we should direct a special campaign to dentists. G. A. Bunting, D.Sc., the man who perfected Noxzema, said: "But do dentists really need Noxzema?"

"Well, they're only human," somebody answered. "They get tired from being on their feet, their hands get rough and chapped from many scrubblings, and I'll bet plenty of them find shaving painful. I think they should know how helpful Noxzema is for these discomforts." And that's why we're addressing this message to you!

Try Noxzema for your rough, sore HANDS; for painful CHAFING; for tired, burning FEET. And try Noxzema Specially Prepared for Shaving either before lathering or as a brushless shave, and see what a smooth, easy shave it gives you.

For your information, Noxzema is a modernization of Carron Oil, fortified by adding Camphor, Menthol, Oil of Cloves and less than ½% of Phenol in a greaseless, solidified emulsion; its reaction is slightly alkaline, the pH value being 7.4.



**STILL
GOOD!**

AFTER 35 YEARS OF SERVICE!

and here's why—(6)

Such wonderful service is truly a tribute to the judgment and skill of the operator who made it . . . the highest testimony to the superlative merits of the material of which it was made.

Needless to say, the material was Gold Foil. Needless to say, too, there are definite reasons why Gold Foil, and only Gold Foil, can last so long. Sixth among them, in point of function—as disclosed by recent scientific studies—is that of its *Virtual Stability of Form*.

Gold Foil, properly condensed, is capable of resisting change of form not merely because it is hard, but because

it is *tough*. Its crushing-resistance is high, its tendency to flowage is low, and its edge strength is so great that, especially in thin edges over long bevels, it completely surpasses that of any other restorative material.

For *helpful* data about Gold Foil, mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 817-21 Filbert Street, Philadelphia 7, Pa. — Established since 1820.

GOLD FOIL
*a lasting tribute
to your skill!*

DU PONT WRITES



Here a polarograph interprets in graphic form the quality of the material under examination. This is only one purity test to which Du Pont raw materials have been subjected.

A REPORT CARD **ON PURITY**

DU PONT technicians use a *polarograph* to study and record the purity of many chemical products. This is one of several ultra-sensitive machines used by Du Pont to detect any impurities which might influence the hardness, the strength or the appearance of materials, such as "Lucitone" methyl methacrylate denture resin.

Other ingenious machines have tested "Lucitone" in many ways. "Mechanical jaws" determined hardness and tensile strength. Accelerated weathering machines have checked the permanency of color. And abrasion machines, acidity tests and spectrophotometers all give you further assurance that Du Pont products formulations are "right".

All these tests mean one thing to you and your patients. They mean that "Lucitone", developed specifically for dentistry, measures up to the highest professional requirements. They mean that, for all your acrylic dentures, you may specify "Lucitone" with confidence.



"LUCITONE" is the trade mark on the only methyl methacrylate resin denture base material completely processed by Du Pont. "Lucitone" is distributed solely by the L. D. Caulk Company, Milford, Delaware.



DU PONT "LUCITONE"

Better Things for Better Living . . . Through Chemistry

Professional Influence

When you prescribe STIM-U-DENTS to your patients they realize that your concern of their dental health does not stop at the dental chair but continues into their daily lives. Your influence is thereby carried into the home and on to their friends and acquaintances, arousing new interest on the part of those who "occasionally" visit their dentist and promoting **TOOTH CONSCIOUSNESS** in those who should be seeking dental attention at this time. Quite naturally your name is mentioned.

Proper home treatment of the teeth and gums is welcomed by every dentist. If you are not familiar with STIM-U-DENTS, we would point out their effectiveness in removing food particles, cleaning teeth surfaces and massaging gum tissue in the spaces between the teeth, thereby **FINISHING WHAT THE TOOTHBRUSH LEAVES UNDONE**. Their widespread acceptance by the dental profession has also found many specific applications as indicated by their letters to us.

- AN EFFECTIVE AID IN THE TREATMENT OF PYORRHEA AND OTHER PATHOLOGICAL CONDITIONS . . .
- THEY HELP GREATLY IN INHIBITING ACCUMULATIONS OF CALCULUS . . .
- A GENTLE, STIMULATING MASSAGE FOR SOFT, SPONGY GUMS . . .
- IN THE TREATMENT OF RECEDING GUMS, THEIR MASSAGING ACTION HAS BEEN FOUND VERY BENEFICIAL . . .
- THEY PROMOTE TOOTH-HEALTH CONSCIOUSNESS . . .

If you do not use STIM-U-DENTS ask for sample, or better still, order a Professional Courtesy Package today and adopt and recommend this healthful, home treatment. Your patients will be aroused to a new interest in their teeth and be prompted to visit you more frequently.

PROFESSIONAL COURTESY PACKAGE

STIM-U-DENTS, Inc.
54 Alfred St., Detroit 1, Mich.

Enclosed find \$1. Send me Professional Courtesy Package, containing 100 Special Packets (like cut) designed exclusively for dentists.

Dr.

Street and No.

City State

This offer confined to members
of the profession only.



(STIM-U-DENTS also make excellent wedges in inlays and other procedures.)

Keep Your Patients
Thinking of You

STIM-U-DENTS

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To complete the picture... **VITAMINS**

X-ray pictures may frequently show hidden signs of malnutrition as well as root fragments, cysts, impactions. Many dentists are suggesting Benefax Multi-Vitamins to help build resistance to vitamin deficiencies, to help complete the picture in maintaining sound, healthy teeth.

Why Benefax Multi-Vitamins Merit Your Attention

POTENCY—Each Benefax Multi-Vitamin capsule contains 5000 U.S.P. Units of Vitamin A; 1000 U.S.P. Units of Vitamin D; 30 Milligrams of Vitamin C; and the essential B-Complex Vitamins.

Direction: One capsule a day after any meal.

QUALITY—Benefax Vitamins are assayed biologically, instrumentally and by micro-biological techniques to insure the highest degree of accuracy. **NO HIGHER QUALITY VITAMINS ARE OBTAINABLE.** Priced for all patients. Guaranteed by the makers of ANACIN.

The Anacin Company, Distributors, Jersey City 2, N. J., U. S. A.



BENEFAX

Multi-Vitamins
B-Complex Capsules
A & D Capsules

The facts about Minimax Alloy

No. 5 of a series of advertisements prepared to acquaint Dentists with the whys and wherefores of this extremely useful material.

STCZ

United we stand — for long and satisfactory service

STCZ is not a new alphabetical agency but the four major metallic components (*pure* Silver, Tin, Copper and Zinc) that are scientifically proportioned and united at just the right molten state to bring you the definitely superior filling material: MINIMAX ALLOY NO. 178.

No part of the manufacturing process requires greater skill than the critical step combining the metals of various melting points so that their inherent physical properties and combined effects are retained. Minimax's quarter century of service to the Profession and remarkable record of many hundreds of thousands

of long lasting successful restorations attest to Minimax "know-how" and experience developed through Minimax research and solution of this important process.

The carefully balanced Minimax formula is not something new, but a metallurgical achievement that has not only passed every A.D.A. Survey since their origination but a practical alloy that is pleasant and profitable to work with under the varying conditions present in every day office procedure. You can use Minimax Alloy No. 178 with complete confidence. Make a note, *nqw*, to order Minimax the next time you need alloy.



The MINIMAX Co.

Medical and Dental Arts Bldg., Chicago 1, Ill.

In 5-oz. BOTTLES	In 1-oz. BOTTLES
5 ozs. . . \$1.50 per oz.	1 oz. . . \$1.60
10 ozs. . . 1.40 per oz.	5 ozs. . . 1.55 per oz.
20 ozs. . . 1.35 per oz.	10 ozs. . . 1.45 per oz.

Prices subject to change without notice

Complies with A.D.A. Specifications. No. 1
Filings suitable for alloy-mercury gauges.

For best results mortars and pestles should be occasionally resurfaced. Over long periods they wear smooth . . . become inefficient. As a convenience Minimax provides **FREE** with every bottle a handy envelope of Abrasive Resurfacing Powder.

Insured Accuracy!

We guarantee COE-LOID POWDER to give accurate, detailed partial impressions and accurate, smooth, hard models . . . Prove it in your own hands on your next case . . . Order a box of 12 moisture proof tubes from your dealer — metal-sealed against summer humidity. Always factory-fresh for quick, sharp, perfect reproductions!

So
Easy
to Use



COE-LOID POWDER

A Product of
COE LABORATORIES, INC.

He gathered together the MINUTES



A problem in most practices today is how to find sufficient time to keep abreast of crowded appointment books. The time wasted in handling apprehensive pa-

tients, time losses due to pain interruptions, and the slowing down of operative procedures caused by patients' sensitivity, involve only minutes in each instance . . . but, over a period, they seriously reduce productive time. McKesson nitrous oxide pain control saves time and energy for both the patient and the dentist. Because McKesson equipment controls operative pain, time losses due to pain interruptions are avoided. McKesson can help you gather together your time losses and convert them into more time for more patients—help you find the time for your needed holiday.

We shall be glad to tell you what McKesson is doing for other dentists—what it can do for you, in saving time, conserving energy, and creating patient loyalty.

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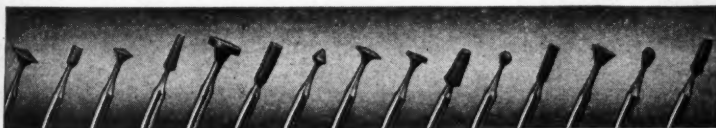


YOU'LL LIKE THIS TIME SAVER

Even today, when every minute counts, no dentist jeopardizes quality for speed in oral work. But there is a place where much time can be saved, and that is on all prosthetic work.

A Miller's saves your dental handpiece for oral work, also replaces the slow, tiresome methods of lathe, engine and hand tools. Does faster, smoother grinding and polishing of metals, porcelain, amalgam, zinc, alloys, gold, vulcanite, stone, etc. Weighs only 12 oz. Portable, plugs in any socket. Speed 25,000 r.p.m. With 6 assorted points, \$18.50.

Bench Holder for Handpiece. Leaves hands free : : : : \$3.75



MILLER'S POINTS AND STONES — the choice of leading dentists and technicians. Extreme accuracy insured with no burr roughness and chatter. Fit any handpiece. Perfectly balanced and firmly mounted on steel shanks. Variety of popular shapes and sizes. Easy to sterilize.



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Serving the Dental Profession for Half a Century

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CHICAGO 7, ILL.

Send Circular. Interested in **OH7**

☐ Points and Stones ☐ Handpiece
☐ Bench Holder

Name _____

Address _____

available NOW!



For full and partial impressions and impressions for immediate denture service.



For orthodontic impressions



Elastic Colloid contains a potent antiseptic to prevent growth of bacteria and mold, consequently it may be used over and over again for duplicating casts.



No need to pour casts immediately. Elastic Colloid impressions may be mailed to your laboratory without fear of any change in volume.

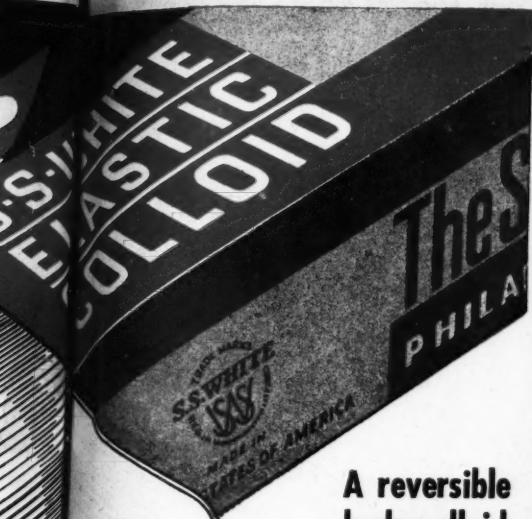
Kept moist, Elastic Colloid will last indefinitely, and in dampened paper or cloth, Elastic Colloid impressions may be mailed to

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A reversible hydrocolloid In hermetically sealed tubes

One tube\$.50
4 tubes 1.85
6 tubes	..... 2.75
12 tubes	..... 5.25
36 tubes	..... 15.00

your laboratory without fear of volumetric change.

Whether you construct your own prosthetic restorations or send them to a laboratory, take the impression in Elastic Colloid for perfect fit. You will like it, because restorations built upon Elastic Colloid impressions require fewer, if any, adjustments or modifications when the restoration is placed in the mouth.

No partial or orthodontic impression is too difficult for Elastic Colloid to take in one piece. It is comparable with plaster for accuracy and registration of minute detail.

*S. S. WHITE IMPRESSION TRAY COMPOUND

working temperature
122 to 131° F.

For individual trays, correctible impressions, impressions for jacket-crown, three-quarter crown, and inlay preparations. It is not sticky or brittle and it curves without chipping.

Denture forms

Regular (.180") 8 in box. Thin (.120") 10 in box Hexagonal sticks 28 in box.

One box	.....\$ .75
8 boxes	..... 3.90
12 boxes	..... 7.50

*S. S. WHITE EXACT IMPRESSION COMPOUND

(Quick Setting)

A low heat impression compound ideally plastic at 130° F. for general impression work, muscle trimming, metal band impressions of jacket crown, three-quarter crown and inlay preparations.

The waters are useful for taking rebounding impressions and for perfecting impressions when used in conjunction with Impression Tray Compound.

Denture forms

Cakes 8 to box
Waters thick (.080") 8 to box
thin (.040") 15 to box

Hexagonal sticks
4 1/4" long 28 in box

One box	.....\$ .80
8 boxes	..... 3.36
12 boxes	..... 5.30
26 boxes	..... 16.20

*Comply with A.D.A. specifications

a Century of service to dentistry
PHILADELPHIA, PA. 1844-1944

RINN

RELIABILITY



Today's pressure of "more patients daily" puts a premium on smooth, "fast-working" equipment. That's one reason RINN Films are the choice of thousands of dentists. They know they can diagnose rapidly and surely . . . avoid time-wasting "re-takes." RINN'S 20 years of concentrated experience producing fine films, mounts and allied accessories helps them handle more cases daily and with stepped-up efficiency.

RINN X-RAY PRODUCTS

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UCT
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DENTISTS who standardize on Kerr Cristobalite just can't imagine themselves digging and prying to get their inlays free from investment after casting. With Cristobalite it's so easy, so quick.

After casting, just drop the hot mold into cold water. Off comes the Cristobalite; it completely disintegrates. Out comes the precision inlay. A little brushing and the casting is clean and silky smooth.

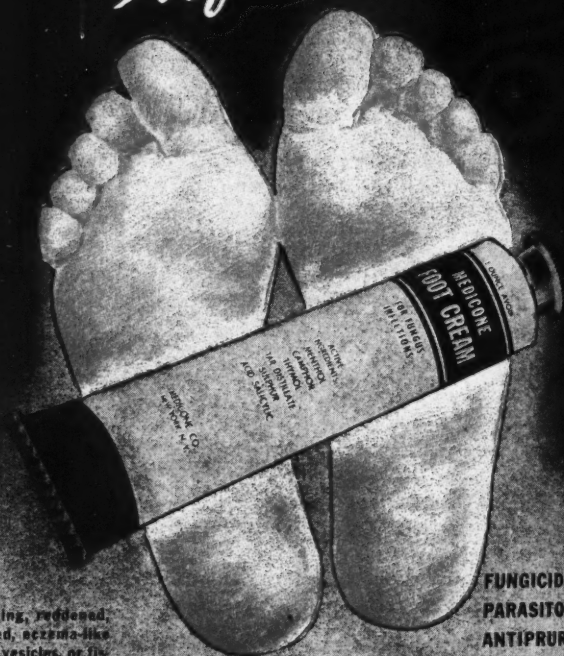
Ask for our folder, "Precision Inlays". It tells the whole story.

KERR DENTAL MFG. CO., Detroit 8, Michigan
Established 1891

KERR CRISTOBALITE

Inlay Investment

For Fungus Infections



For scaling, redness, thickened, eczema-like patches, vesicles, or fissures of "Athlete's Foot"

FUNGICIDAL
PARASITOCIDAL
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1 OZ. TUBE—\$1.00 • AT ALL DRUGGISTS

MEDICONE COMPANY • 225 VARICK STREET • NEW YORK 14, N. Y.

M E D I C O N E F O O T C R E A M

PROTECT

THIS LINE OF STRENGTH

with

Steele's NEW HUE BACKING.

The radically new principle involved in the design of STEELE'S NEW HUE FACINGS makes it necessary to use only STEELE'S NEW HUE BACKINGS. STEELE'S NEW HUE BACKING has a scientifically engineered stress equalizing shoulder that provides rigid support for the facing. It has a controlled clearance which provides space for the cement. There can be no binding with a STEELE'S NEW HUE FACING.

May we send you a copy of the simple technique developed for STEELE'S NEW HUE FACINGS AND BACKINGS? Your name and address on a penny post-card will quickly bring you this information.

use *Steele's* NEW HUE FACINGS
for all anterior
restorations

COLUMBUS DENTAL MANUFACTURING CO.
COLUMBUS 6, OHIO

... FOR BEST RESULTS WITH
STEELE'S NEW HUE FACINGS
WE RECOMMEND ...

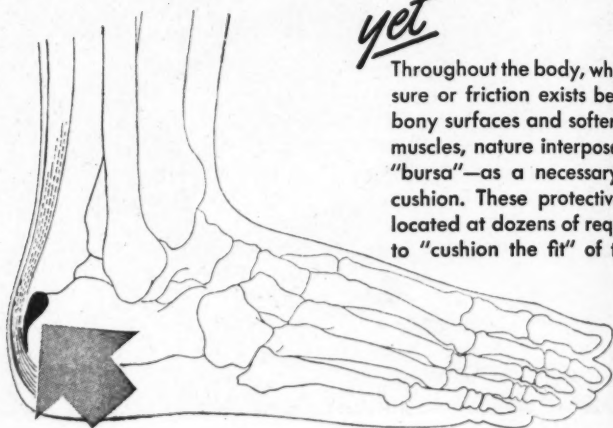
Do not grind the incisal shoulder
of the facing or backing. Use
STEELE'S NEW HUE BACKINGS.
Solder or cast to these backings.
They are precious metal and fuse
at 2300 F. Follow the technique
prescribed for cementation. Care-
fully adjust and balance the bite.



Bones, tendons and muscles fit each other

yet

Throughout the body, wherever pressure or friction exists between hard bony surfaces and softer tendons or muscles, nature interposes a pad—"bursa"—as a necessary protective cushion. These protective pads are located at dozens of required points to "cushion the fit" of these parts.



THE *Alkaline*

DENTURE POWDER THAT CONFORMS

Test the superior qualities of FASTEETH in your own practice. Mail the coupon attached to your professional card or letterhead.

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THE UNYIELDING DENTURE, TOO, NEEDS A *"Cushion Fit"*

Respect for physiologic principles, and consideration for the patient's comfort, recommend the use of Fasteeth between the hard—perfectly fitted—denture, and the soft, sensitive tissues of the mouth.

By providing a resilient colloidal cushion, Fasteeth aids in distributing masticatory shock...and in reducing the likelihood of irritation from friction caused by clumsy manipulation.

It is persistently retentive—contributing materially toward the maintenance of intimate contact in spite of tissue resorption, and toward the strengthening of the peripheral seal.

Moreover, Fasteeth's alkalinity and mildly antiseptic qualities discourage bacterial growth in the moist "sealed-in" space between denture and palate.

Patients like its practical helpfulness . . . and its pleasant flavor!

FASTEETH

SCIENTIFIC PRINCIPLES...

CLARK-CLEVELAND, INC.
Binghamton, N. Y.

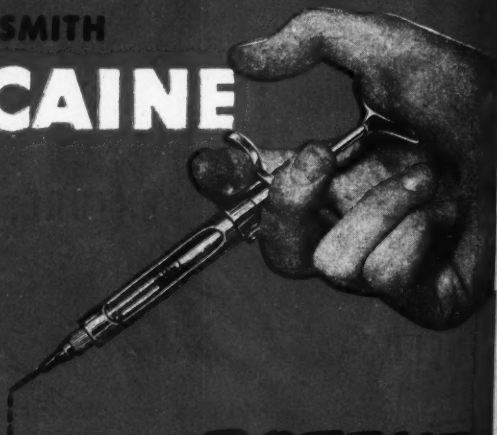
O-7

Dr. _____

Address _____

Please send me gratis trial samples of Fasteeth, the alkaline denture powder, and descriptive literature.

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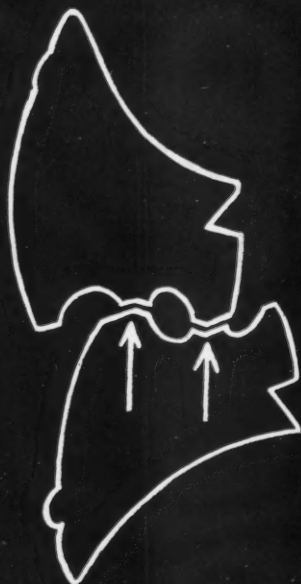
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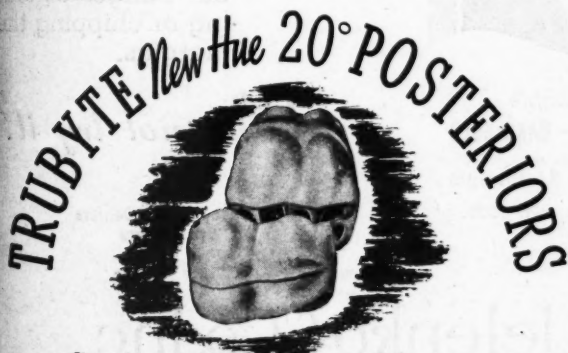


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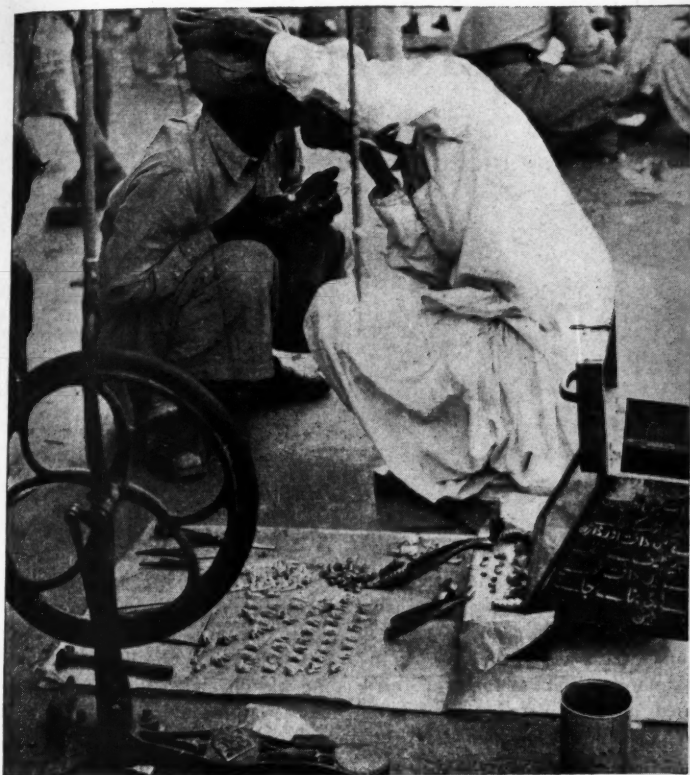
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Picture of the Month



A DENTAL FAKIR, plying his trade in a street in India, varies his technique with modern touches. Note the dental engine and forceps. Captain H. M. Horowitz (DC), who submitted this picture, reports that this "dentist" features gold crowns which he fits immediately for any type of defective tooth. Extractions are frequent as indicated by samples in the foreground.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

ADVICE TO DENTISTS WHO ARE WORKING TOO HARD

By GEORGE A. SWENDIMAN, D.D.S.



THE DEATHS OF dentists reported in the *Journal of the American Dental Association* during the last four months reveal the startling information that almost one-third died at the average age of 51. What is the reason for this mortality rate? What prevents so many dentists from living the normal span of life?

Is it not because dentists overwork themselves? Is it not a matter of common knowledge that the majority of dentists have more patients than they can take care of conveniently?

Here is Doctor A who prac-

tices in a city of a hundred thousand people. While working at the chair one day, things went black. He came to on the floor. Consulting his physician, he was warned to ease up a bit in his work.

When asked, "Why work so hard?" he replied with nervous irritation, "Hell, man, don't you know there is a war on? In this emergency everyone has to work hard. Someone has to take care of all the patients who need dentistry. We have to be patriotic, don't we?"

Bit by bit he unfolded his story. It seems that he worked all day,

"Too many dentists are dying at the age of 60 and younger."

almost every night, and virtually every Sunday morning. He didn't have a dental assistant. Couldn't afford one, he said. To his lot, therefore, fell the non-professional duties common to every office. At present he had only a one-chair office. But time was going to change that. His son would graduate from dental college in a few years and would probably become his associate. "When that time comes," he said, "I'll rearrange the office and hire a dental assistant."

As is true in almost every community, his fees were governed by the average community prices of his fellow dentists. One thing bothered him a lot which he hated to admit. "You see," he said, "with all the rush, day and night, to keep up with my engagements, I am just not giving my best, most skillful, most reliable dental services. The fact is, it isn't the kind of dentistry I would want for myself if my mouth were in a similar condition. It's depressing to admit, and has worried me, but what else can a man do when he is rushed to death?"

Unfortunately, such practices not only harm himself but, indirectly, the entire dental profession. Such practices are the cancer that retards the growth of a great profession and serves to increase the agitation now existing for socialized dentistry.

So many dentists bungle, in-

stead of conduct, their practice. So many dentists muff their chance to render a truly great health service. Here was this dentist, ruining his own health, perhaps menacing the health of his patients, and injuring the well-being of the profession which had admitted him to practice.

I wish I could talk to this dentist. His predicament is so similar to that of hundreds of other dentists, all of them discouraged, all of them in the need of the same advice. If I could talk to him I would say this:

Point number one. You are working too hard. True, you feel that you must be patriotic and deny no one dental service. But the first law of life is self-preservation. You are doing everything you can to bring about your physical breakdown.

Suppose you become sick and cannot work for some months. This means one less dentist in your community. It means that your fellow dentists must assume an extra burden caring for those patients that now come to you. These dentists in turn become overburdened and are unable to render the service to which their patients are entitled. Everyone is hurt. Plainly your patriotic duty, first of all, is to preserve your own health. And remember, *this cannot be accomplished by overwork.*

Point number two. When you

are chronically fatigued you will find you are accomplishing less and doing an inferior job as contrasted with your service when you feel rested. The law of diminishing returns operates for human beings just as well as for farm lands. You put in more and more time at your job, but after a certain point is reached the ultimate yield becomes less and less. To work with your marginal energy is neither true patriotism nor sound economics.

Point number three. A well-trained assistant is an indispensable of your profession. She will enable you to do better dentistry. She will relieve you of a lot of time-consuming tasks around the office. She will sterilize your instruments more perfectly than you possibly can, working alone. And, finally, by releasing you for your more important professional tasks, your assistant can easily increase your income by 50 per cent.

Point number four. You will never be happy in the dental profession until you again begin to give the best service of which you are capable. Your conscience will never let you rest. You will be faced with the specter of dissatisfied patients returning to you. Others may inspect your hasty repair jobs and condemn you. You will lose your self-respect as a practitioner. You will feel dishonest. And for such quick, imperfect dentistry you have no occasion to feel patriotic.

Point number five. Perform

your health service so well that you need not be unduly influenced by the average "price" for dental service in your community. Stop patching teeth and begin to restore mouths to health. Perform your dental functions completely, artistically, and thoroughly—not superficially, not in a hit-and-miss spirit—and then charge a fee commensurate with the services you have rendered.

You have been advised by some to have fifteen-minute appointments instead of thirty. You have been told to do only the most necessary things, only the emergency treatments. Do not listen to these false prophets, for in the meantime your patient's mouth condition deteriorates. Patch treatment costs him more in the long run; and, in addition, the patient risks ill health, loss of his teeth, and mounting health bills.

The word "price" smacks of merchandising dental materials. But you are harming the profession of dentistry when you lead the layman to think that you can conduct a wholesale tooth repair shop, and to think that from you he is merely buying some silver or gold or so many "store teeth" mounted in rubber.

Hereafter, render professional services. For those services collect a proper "fee." Let the rest of the dentists compete, if they will, in selling merchandise for a price. Such competition can only lower the standards of dentistry. Your craftsmanship, your training, and

your medical background are what you have to sell, and in these there can be no price rivalry or bargain counters. You are capable of a complete and accurate dental health diagnosis. Then hold your head high—you are a professional man rather than just a mechanic.

Sixth and last point. Educate your patients to dental health consciousness. As a professional man your function does not end with plugging a few teeth. Tell patients how sound teeth and healthy gums can promote joy in living, and how diseased teeth may cripple and kill. Tell them of the progress dentistry has made in the past generation. Tell them how important the ability to masticate food thoroughly may be to the health. In thus educating the public you round out your proper function as a medical man; you increase the health of the public at a time

when health is paramount; and you perform the most genuinely patriotic act within your power.

The laymen have had all they want of hacks. They have met too many dentists who give them hasty dentistry. Can we blame the disappointed patient for being ready to accept socialized dentistry? He probably takes the gambler's attitude toward prayer, feeling that socialized dentistry can't do him much harm and that it may do him some good.

It remains for you, henceforth, and for me and for every conscientious dentist working at his own post to demonstrate that sound professional dentistry is a blessing for which no substitute exists. Health, happiness, prosperity will come to each of us and to our profession as soon as we have shown we deserve these things.

*First National Bank Building
Grand Forks, North Dakota*

JULY AWARD

DOCTOR GEORGE A. SWENDIMAN wins the \$100 ORAL HYGIENE award for the best story published in the July issue.

DENTAL AUXILIARY TO AID BLIND SOLDIERS

SEEING-EYE dogs for blinded soldiers will be purchased with part of the proceeds of a benefit dessert bridge, which was held by the Auxiliary to the Odontological Society of Western Pennsylvania in Pittsburgh. One dog has been bought and the women expect to buy another soon. They are permitted to name the recipient, or the choice may be left to the War Department. Through the years the Auxiliary has given such benefit parties for educational and other worthy purposes. Many dental students have been aided through their scholarship fund.



FEAR NOT THE FUTURE OF DENTISTRY

By **EDWARD J. RYAN, D.D.S.**

SO FAR AS the social and economic future of the dental profession is concerned, I hold the following beliefs:

1. The future will see more, rather than less, government supervision of the health professions.
2. Health care for all the people will, in part, be taken out of the domain of private choice and will become an affair of interest to all society.
3. There will be a demand for the training of auxiliary personnel to make dental care available to more people.
4. Dental education will not be

an exclusive interest and concern of dental pedagogues and college authorities: it will become a concern of society generally.

5. The activities of the United States Public Health Service and the Social Security Board will be expanded.

6. It is for us, the profession, to set the standards for proper dental care for the American people and to plot the course that we should follow.

I should like to discuss each of these six points separately.

First, there will be more government supervision of health activi-

If we ask ourselves "Is this to the interest of the public?" we will receive the respect and confidence of the people.

ties rather than less. The Wagner-Murray-Dingell Bill, which is the blueprint for a national health program, is a trial balloon, a token, a symbol. No one expects that this Bill in its present form will become a law. It is a rallying point for argumentation and debate. In a large degree this Bill gives the opponents to a federalized health service a chance to express their opposition. From the Wagner Bill, however, it is likely that another and less radical form of legislation will be proposed.

It is unlikely that there will be full dental benefits for adults under any system of federalized health care. I believe it is safe to say that no health insurance plan will ever carry provisions for complete dental care, simply because all the contributors to such a project are potential beneficiaries.

I believe it is a secure prediction to say that the federal government, through the United States Public Health Service, will place the emphasis on prevention. Any national program for dental health will and should be built around the needs of the child. The mutilated mouths of adults are, for the most part, beyond dental salvation. We may further expect to see a federal program whereby dentists will be sent into communities where their skills are needed and where their number is not sufficient.

The entrance of the government into health conservation does not necessarily mean the destruction of the values of private practice. If we as a professional group have the foresight to set and to insist on high standards for professional care, it is within the frame of possibility that a federalized program emphasizing prevention, education, and research would be helpful to *all* the people.

The day is gone, however, when the members of the health professions can take advantage of the natural monopoly that they enjoy. If we make our services hard to get and prohibitive in cost, we may be certain of governmental regulation. The government does indeed mean business.

In the *second point* of this discussion I expressed my belief that health care will be taken, in part, out of the domain of private choice and will become an affair for all society.

We may have carried individualism too far. We felt that every parent had the right to feed his child as he pleased, to house him as he wished, and to give him whatever degree and quality of health attention he wished, or none at all. The records of the Selective Service System bear ignoble testimony to our shortsightedness.

In the United States we have had compulsory school attendance but never compulsory health at-

tention. I believe it takes no gifted power of prophecy to say that our children of the future will be under three compulsions by the government: education, military service, and health care.

These words may sound like those of one who advocates the totalitarian state. To advocate is entirely different from attempting to evaluate. I have no wish to see totalitarianism, authoritarianism, or the destruction of free enterprise. In a world, however, that will be authoritarian even after the destruction of the axis powers, we must anticipate some loss of individualistic values for the greatest good for the greatest number. The old parochial, nostalgic days of easy-going individualism are gone. In the world of the future we will indeed be our brothers' keeper. We will be feeding the nations of the globe, looking out for their health. Regardless of what party is in power in Washington, we will have internationalism.

The *third point* of emphasis concerns the training of auxiliary personnel. An increasingly articulate group of serious and clear thinkers within the profession believe that we must train auxiliary personnel to make our services available to more people. The training of dental assistants, dental hygienists, and laboratory technicians should be under the control of the dental profession and at university levels of education.

The dentist who insists on doing everything himself when he

should use his energies exclusively for the job for which he was trained ends up doing nothing well. The dentist needs all the well trained auxiliary help that he can secure.

The laboratory technician and the laboratory industry are not closely enough integrated with the dental profession. The technician should not receive his training in some proprietary trade school, but should receive a course of instruction in a dental college under the supervision of dentists. The laboratory industry should be more closely integrated with the dental profession through some national association organized for mutual helpfulness.

The *fourth point* concerns dental education. We may anticipate extensive programs of government-subsidized education in years ahead, particularly in critical fields such as dentistry and medicine. The education of thousands of young men has been interrupted by the war. Many of these people will wish to return to college but they will not return under the old individualistic system. They will return as veterans of the war whose expenses will be paid by the government.

Some of the prophets in dentistry contend that we face a shortage of dentists. That may be true. If dentistry is an important activity in modern life, the number of dentists in practice is a matter of concern to government. First, young men and women may be encour-

aged to study dentistry by suitable subsidy. If they do not accept that offer, it is not unlikely that they might be prodded by a stronger compulsion to attend dental college.

Another note that has been sounded recently in dental education should be recognized. Some philosophical-minded dental educators are expressing the opinion that dental education should somehow be etherealized and glorified by including less technical training and more training in the humanities. I am not one to deprecate a wide cultural training, but I do insist that dental education is intended to prepare men and women for the realities of dental life and of dental practice. Dentists must be excellent technicians and skillful operators, and any program of training that deflects them from that course is an injustice to the student and to the public. Philosophy is important in its place, but a tooth cannot be restored or removed by mental gymnastics alone.

The *fifth point* expresses the opinion that the activities of the United States Public Health Service and of the Social Security Board will be expanded. I would expect to see surpluses of social security funds spent on programs of public health education, research, and child care. The actual work will be done by the greatly expanded United States Public Health Service. It is not impossible that the Social Security Act might be

enlarged to provide loan funds for health care similar to loan funds for agriculture and housing.

Finally we come to the *sixth point* of this credo. Here we come face up with our postwar problems, and our position as a profession in society. We wonder, all of us and particularly our colleagues in Service, what the future holds for us. Sixteen thousand to eighteen thousand dentists have been torn from their practices or have entered military service immediately upon graduation. What are they thinking about, and what are the eleven million people in military service whom they serve thinking about? Will the experiences of these dentists and physicians in Service and of the soldiers and sailors who receive the care lead us toward the road to socialization or in the opposite direction?

Too many of us have thought *a priori* that these eleven million will be so impressed with the dental service they receive in the Army and Navy that they will demand an extension of it in private life. There is a possibility, however, that they will react in a contrary fashion. No demand for the socialization of health services followed the last war. None of the veterans' organizations has made such demands in its platform.

But what of the thousands of dentists in military service—what will become of them? Some of them will wish to stay in government service. They will be fearful

or too old to re-establish themselves in practice. The majority will, of course, rush home as fast as they can to open offices at the earliest opportunity. But even these men will have tasted the security of a government income. They will be interested in the retirement pay, in sick leaves, in vacations with pay, and in the other advantages of government employment. Many dentists, if given the opportunity, will accept the certainty of government employment rather than the uncertainties of private practice.

I should like to end this discussion on a philosophical note. Previously I said that the profession should set the standards of health service and that we should chart the course of action. It is our responsibility to tell the American people what good and adequate health care includes. We must tell them exactly and truthfully what it will cost. We must emphasize that education, research, and preven-

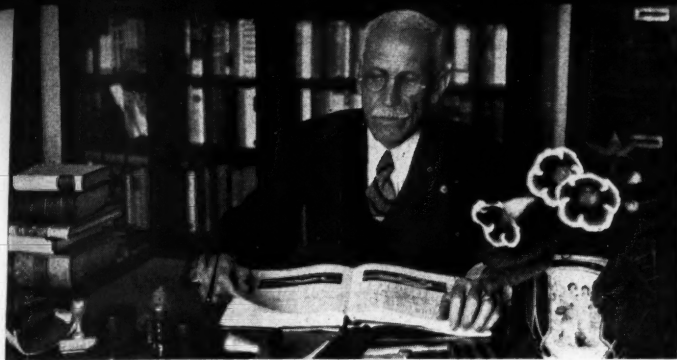
tion directed particularly toward the child comprise the ideals toward which we reach. We must guard ourselves against narrow thinking. I earnestly believe that if in all our plans we first ask ourselves, "Is this to the interest of the public?" we will in turn receive the respect and the confidence of the people. On the other hand, if our criterion and our test for any program is to ask the question, "Is this to our interest?" we may expect what all selfish groups have received from the public: namely, disdain and disfavor. We enjoy a pre-eminent position of good favor among the public. We should do nothing to destroy this. Individual professional practice is built on confidence, respect, and trust. The future of the dental profession is built on these same values held in the minds and hearts of the American people.

708 Church Street
Evanston, Illinois

COME AND GET YOUR TEETH!

ONE DISCHARGED soldier is toothless and one supply sergeant is worried today because a rookie of the headquarters detachment in Camp Campbell, Kentucky was excessively efficient in performing his duties. The private was instructed to reclaim all government issued articles from a discharged group.

When one soldier said he had turned in all equipment except his dentures the private took them into custody. However, dentures made by the Army belong permanently to the soldier. The Camp has issued the following appeal to the discharged serviceman: "If the soldier who is biting his gums on thin air will get in touch with his old group he can have his teeth back."




DENTIST NAMED PRESIDENT OF UNIVERSITY

TO A DENTIST of Costa Rica goes the honor of being the first member of his profession to be named president of a university in one of the American republics. Doctor José Joaquín Jiménez Núñez, 68, a distinguished dentist of San José, was elected recently by the Directors of the National University of Costa Rica to occupy this high position.

Doctor Jiménez Núñez received his dental degree from the Royal College of Surgeons in London in the year 1900 and has practiced dentistry for forty-three years in San José. His professional skill and his integrity have long been recognized by his professional colleagues. In 1915 they elected him the first president of the College of Dental Surgeons. He was also made first president of the Dental

Society of Costa Rica, which was established in recent years. In September, 1941, he was the unanimous choice of all the dentists of Costa Rica for Dean of the new dental school, which he organized and opened in 1942.

Three members of the family of Doctor Jiménez Núñez belong to the health professions. His brother, Doctor Ricardo Jiménez Núñez, a physician, specializes in anesthesia and dietetics. His daughter, Alicia Jiménez, studied dentistry at Loyola University in New Orleans and was the first woman licensed to practice dentistry in Costa Rica. For the past eight years she has assisted her father in his office. A son, Doctor Jorge Jiménez, is also a dentist; he received his dental degree a year ago from Loyola University.



ARMY DENTISTS DO NOT MISTREAT THEIR PATIENTS

By CAPTAIN FORREST M. BRANCH (DC)

ON AN AVERAGE one out of every three patients who sit in my dental chair makes this or a similar statement, "Doctor, the one thing I hate is going to the dentist."

A survey before the war revealed that less than 20 per cent of the American people visit their dentist regularly. Other surveys have indicated that the greatest reason for this unhealthy condition is the fear of being hurt. Hundreds of articles have been written to aid the dentist in overcoming this fear, but to my knowledge few articles, if any, have been written directly to the patients themselves. I find that patients don't know how to be good

patients which, in my estimation, is the primary cause of their pain.

The Army allows the dentist an opportunity to try out any reasonable plan he may have for putting the patient at ease. The dentist does not fear offending the patient to the point that he will not return. Therefore, if he feels that a good lecture will straighten this patient out, he need not hesitate.

Contrary to popular opinion among civilians and the new recruits, Army dentists do not mistreat their patients. The average dental service done in the Army compares favorably with that given by civilian dentists. The patient

Servicemen benefit from modern dental procedures.

really suffers less in many cases than he did the last time he visited a civilian dentist. The reason for this I will point out later.

Preliminary Worries

First of all, 50 per cent of most dental suffering comes through a dread which develops before the patient actually sits in the dental chair. Possibly as a result of some unpleasant experience he has had years before in a dental chair or exaggerated reports some people have given of their horrible experiences, a fear is built up that makes the patient tense and uncooperative. This is why I say a soldier suffers less than a civilian, because he is told to report at the dental clinic at 7:30 the following morning and there can be no procrastination in the keeping of appointments. Every soldier knows that regardless of what he may say his teeth are going to be placed in a healthy condition. He knows that regardless of how he cooperates he will not be free until the service is completed. This is a boon to the Army Dental Corps and is the basis of its great success.

When a patient sits in my chair the conversation and instruction usually run as follows: "The examination shows that you have six cavities. I think that if you cooperate with me I can take care of these with a minimum of pain. First of all, I want you to appreciate the fact that I am limited in

vision and mobility in your mouth and this is a delicate operation. If you cooperate it will take much less time to prepare these cavities and the pain experienced by you will be reduced considerably.

"Keep your mouth open almost as wide as you can while I am working. Completely relax if possible and especially relax your lips and cheeks. Don't try to move your tongue out of the way, just let it rest. If you experience pain don't jump because that will surely increase it. I can tell that I am hurting you if you just squint your eyes or raise your hand. Empty your mouth while I am changing burs and try to be ready when I approach. Relax completely. I am trying to prepare a cavity as well as possible. You help me and I am sure you will receive good service from this restoration."

It is not necessary to say all this—in fact only as much as is necessary to present the problem to the patient. I find most patients appreciate this attitude or the interest the dentist takes in them to such a degree that throughout the operation they are apologizing when they fail to follow directions.

No ethical dentist guarantees that his restorations will remain in place any given number of years, but with patients who cooperate the chances are almost 100 per cent better for long-lasting restorations.

701 M.P. Battalion
Fort Custer, Michigan

Tells painful details of life on the home front.



My dear Miss —————:

Glad to hear that you are taking to Army life so well. Despite latrine duty and K.P., I am sure you will look back upon those days as Uncle Sam's star boarder with a good deal of pride and pleasure.

In the first place, you will learn about the great number of hours wasted in civilian life, needlessly, in these feminine frivolities:

1. Matching of colors of your various outfits and ensembles, such as, dress, bag, shoes, and stockings, only to learn that the "boy friend" thought the getup positively lousy.

2. Watching the newspapers for the important dress sales in the department stores, only to find out that they had every size but your own.

3. Getting those headaches, regarding the blending of face

powders and lipstick for indoor use, for outdoor use, for dry weather, for rainy weather, for roof garden with or without stars, with or without moonlight. You remember?

And now, let us consider that all-important subject dear to every woman's heart—perfume. Should you knock him over with a fragrance that smells out loud, or will he fall for that subtle, alluring stuff at five bucks a sniff? You find out later that the "boy friend" is suffering from a cold and Woolworth's ten-cent cologne with some benzedrine in it would have done much better. At any rate, you must admit that some time was wasted, even though it was loads of fun.

So far as the office is concerned, everything is running smoothly. I have engaged a young grandmother, with a mild case of palsy,

to take your place. Except for minor errors, which always turn out to be major ones, everything is fine. She loves to mix quick-setting stone, instead of the usual impression plaster, for my difficult partial impressions. I have added a sturdy hammer and chisel to my prosthetic armamentarium for just these delicate emergencies.

The pleasantest telephone voices interrupt my dental efforts with dissertations on life insurance annuities. Sometimes it is an urgent exhortation to obtain a university education right in your own home at so much per volume. It would have been rude to squelch such a

charming telephone voice, so my assistant says.

Her work in the darkroom is only half bad. Half the time she starts correctly with developing solution and half the time with fixing solution, just to be different. You just can't mold her to form—and that goes for my gold inlays too.

In times like these, who am I to complain?

I do hope the war ends soon!

Your ex-boss,

Arthur Isaacs, D.D.S.
125 Ocean Avenue
Brooklyn, New York

DENTURES BY PARATROOPERS

A NEW KIND of paratrooper is aiding Russian guerrilla fighters behind the German lines. He drops down to examine soldiers who need dentures. One of these dentists recently made an impression, returned to the Russian lines, fashioned a denture—then flew back over the spot and lowered the denture to his patient.

FUTURE DENTISTS STACK BOTTLES

MEDICAL AND dental students in one of Britain's greatest hospitals are having to stack beer bottles at a local brewery five nights a week at 7s. 6d. (\$1.51) a time to help them get through their internships. Work outside of hospital duties is banned by an antiquated hospital law, but students are driven to it to get a few shillings to defray their hospital training expenses. Many students do film "extra" work, getting one pound a day, to eke out their private incomes. Others fire-watch. A student of one hospital in London was dismissed recently because it was discovered that he worked in his hours off duty as a paid fire-watcher at 5 pounds a week.

Commenting on this situation, an official of the British Medical Association said, "Permission for a student to do part-time work and so increase his income rests entirely with the teaching authorities at the individual hospital concerned."

Military News

Army-Navy Merger:

In his testimony given recently before the committee of the House on post-war military policy, Lieutenant General Brehon B. Somervell discussed the proposed Army and Navy merger and pointed out the changes and improvements that he believed would be brought about in the Medical and Dental Corps through a unified organization.

Standardization of treatment and procedure in dental service and saving in money and technicians through the centralization of dental laboratories would be possible under such a merger, he explained.

With respect to the issuing of commissions, General Somervell showed how with a single Medical Department candidates would be procured and assigned according to the needs of the Service and the candidates' special qualifications. This would eliminate the present "shopping around" for commissions in the Army and Navy because of the variations in rank for initial appointments as well as privileges in assignments offered in different services.

Evacuation Facilities

A standardized system of reporting evacuation requirements for advance planning purposes could be set up, including medical personnel, equipment, supplies, and hospital ships. The common use of debarkation hospital facilities to reduce required beds and achieve

efficient use of rail transportation equipment would be advantageous.

Records

A uniform set of records could be made and used by all the services. Morbidity, mortality and battle casualty reports could be uniform. This is impossible now because of different definitions and methods of procedure in the various services. Many military operations and campaigns are joint Army-Navy operations, and in order to estimate personnel losses the casualty records of all personnel of the Army and Navy should be pooled.

Sanitation

In joint operations in tropical areas, it is absolutely necessary to combine central operations for sanitation and mass prophylactic methods. The need for this has been demonstrated in the present war. Immunization programs should be uniform and venereal disease control should be consolidated under a single authority.

Military preventive medicine has problems common to all branches of the War and Navy Departments as well as the civilian population.

Hospitals

At Washington and San Diego and in other cities, Army and Navy hospitals are located within a few miles of one another. Combining hospitals would result in more efficient utilization of medical personnel, saving of equipment, and a better standard of medical care.


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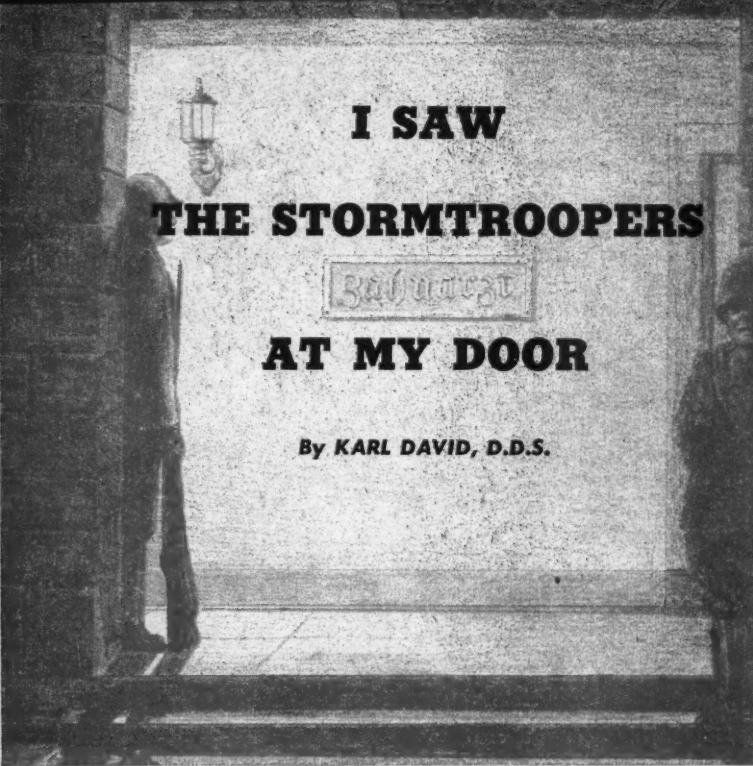
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*Dog-eared, out-of-date magazines
in the reception room destroy pa-
tient confidence.*

HOW TO KILL A DENTAL PRACTICE



I SAW THE STORMTROOPERS AT MY DOOR

By KARL DAVID, D.D.S.

MY ASSISTANT had registered the new patient and now she was leading her into my operating room. It was Mrs. B whose husband owned a little delicatessen store around the corner. She was wearing a white store apron and gave an impression of a clean, wholesome person. Her mouth, however, I found on examination was not consistent with this general impression. Her teeth had been neglected.

"Why did you wait so long be-

fore having your teeth treated?" I asked her.

"I always have so little time. I have my household to take care of, the two kids to look after, and they need some attention, I tell you. Besides I have to help my husband in the store," she replied.

"I shall have to take x-rays first to see exactly which teeth I can save and which ones I have to extract."

Mrs. B agreed and at the next appointment, after studying the

A German dentist tells why he left his home and dental practice.

x-rays, I told her my plan of treatment. I explained to her that the treatments would require several weeks. I told her the full price of the service, adding that I asked every patient to give half the amount at the first appointment and the rest at the completion of the treatment. Mrs. B agreed to that, too. The fee was about 125 marks, which was comparable to about eighty dollars. Mrs. B appeared at the next appointment and paid only one-fifth of the full amount instead of one-half as agreed. She gave me twenty-five marks. I did not say anything and the treatment went on.

Mrs. B was a pleasant patient. She was not nervous and not too sensitive to pain and kept her appointments regularly. At the next to the last appointment, I told her that the following treatment would be the last one and asked her politely to bring the remainder of the fee as agreed upon. Mrs. B promised, but appeared without the money and had a silly and far-fetched excuse. On completing this treatment I never heard from her again. After about six weeks, I sent a bill which was ignored. I let several weeks pass before I sent her another reminder. This time I received an answer by return mail. Without addressing me at all, Mr. B wrote as follows:

"You have dared repeatedly to ask and press a German woman

for money. Don't dare to do that again. Should you be ignorant enough to do it anyhow I shall have your picture put in the newspaper the 'Sturmer' and I will make a big case of the whole story. Just remember that!

O. B—— Sturmbannerfuhrer (Stormtroupleader)"

Of course I was furious. My whole self revolted against such treatment. In my first excitement I wanted to call up the man or write to him and tell him exactly what I thought of him. Yes, I even thought of reporting him to the Nazi Party. Undoubtedly all of these were ways for me to get into a concentration camp.

I had no other choice but to keep silent, ignore the letter, and lose my fee. This was in June of the year 1938.

A few days later when I came home for dinner, my younger daughter, a child of twelve, came to meet me crying.

"What happened?" I asked her, and she told me of the following incident: The children had played handball at school. Several times a little girl in her class had failed to catch the ball my daughter was throwing. This child went to the teacher and said,

"Miss Bottcher, I will no longer touch a ball that a Jewish girl threw."

"What did your teacher answer?" I asked her.

"She said, 'You are absolutely right, child!'"

The next morning I went back to my office in a sad mood. The first patient who entered my room was a young Christian woman who had been coming to me for years. When the treatment was finished, she said,

"Listen, Doctor, I have to tell you something. I am sorry I was a little late this morning. When I came up your stairs, suddenly there were two men in S. S. uniform, standing in front of me. That seemed strange to me and I was rather shocked.

"Where are you going?' they asked me. 'You don't want to go to the Jew, the dentist, by any chance, do you? We assume you know that a German woman will not go to a dirty Jew for treatment!'"

"I had enough presence of mind to answer the men: 'No, I am going three flights up to the dress-maker.' You know, Doctor, I am really not afraid, but from now on when I come I shall have to be very careful and come at night!"

At the end of this day that started so hopelessly my brother-in-law came to visit me in my office. He was born in Poland, but

had lived in Germany for about thirty years. He told me in a confused way that he was walking in one of the most important streets of Cologne that morning. One of his friends, a citizen of Poland, a high government official, was walking with him. He continued:

"A company of S. S. men came with music and swastika flags. We tried to go into a small side street, but it was no longer possible. So we turned around and looked at the window decorations of some stores. Now the S. S. troopers were only a few steps away from us. Suddenly one S. S. man was at my side, knocked the hat from my head, and shouted, 'Didn't you see the flag? You have to salute the flag, Jewish swine.' And then he slapped my face! All this was a matter of a moment. The S. S. man jumped back to the other men and the row was over. My friend said, 'They are real barbarians! I wouldn't have believed it, but now I know they are worse than I had heard!'"

The next morning we all went to the American Consulate to get our visas for the United States, the country of freedom!

IF YOUR ORAL HYGIENE IS LATE

IN WARTIME, the postal service is overburdened. Consequently, magazine mail is delayed. We start to mail ORAL HYGIENE during the week preceding the month of issue. But it is impossible to control the date of delivery to readers. So please be patient if your ORAL HYGIENE is late. It may help delivery if you will advise us of your postal zone number.

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Dentists in the News

Chicago (Illinois) *The Rotarian*.

Among the repatriates, who arrived in New York on the *Gripsholm* from many points in the Far East, was Emily Hahn who tells about dental service en route in an article published in *The Rotarian*:

"Two dentists, Doctor J. C. Klasson from Manila and Doctor J. L. Boots from Peking, did voluntary dental service aboard the *Gripsholm*. There was plenty of it, too. People who had been living for months on insufficient rations discovered that their teeth were going bad, and although our dentists kept warning us that they couldn't give any fancy service, more than a lot of us were extremely glad that they were there. They wouldn't take any money for the service, either. If you had any cash to spare, which few of us did, you could allay your pangs of conscience by putting something in the Red Cross box instead of paying the dentists."

In a letter to *The Rotarian* describing his experiences on the Japanese ship, Doctor Klasson of Los Angeles had this to say:

"When I boarded the *Tiea Maru* with the Philippine contingent at San Fernando, 'Jack' Boots was already helping people out of difficulties. He and I joined forces and pooled our emergency dental kits. Our dental office was as mobile as our feet, for we attended patients in cabins, dormitories, wash-rooms, and on deck. Our clientele included members of the Swiss delegation, the Portugese diplomatic corps, and hundreds of repatriates—but no Japanese!"

San Francisco (California) News: In North Africa, Sicily, and Italy Captain John A. Gatto, a San Francisco dentist of the Allied First Army, has been giving soldiers dental treatments for the past 18 months.

"Soldiers are more dentally conscious overseas than they were at home," he told Field Correspondent Robert C. Geake. "Army dentists inspect the teeth of every man at least once every 16 weeks. The minute a man with defective teeth is out of the line for a rest, he comes to us."

Captain Gatto's "office" containing



two folding chairs, a battered chest of instruments, and a foot-pump drill, has been a familiar sight from Morocco to Italy. In Algeria, Tunisia, Sicily, and at Salerno, he and two dental technician assistants have set up shop so close to the front that flying shrapnel ripped great holes in their tent.

When the fight is roughest, Captain Gatto and his aides double as surgeons. A frontline army dentist has plenty of patients, says Captain Gatto, who come for treatment whether they want to or not, and there's no complaint about the age of the magazines.

San Antonio (Texas) Light: Six Chandlers, a father and five sons, all

dentists, registered at the Texas State Dental Meeting at Houston. The Chandler bloc at the convention was headed by Doctor W. E. Chandler of El Campo who, at 83, is completing sixty years of practice.

His sons are Doctor W. Elmer Chand-



ler of Corpus Christi, Doctor J. V. Chandler of Kingsville, Doctor M. H. Chandler of Weslaco, and Doctors C. C. and A. E. Chandler of San Antonio. The father, who also has two grandsons studying dentistry, practiced for a year with each of his sons on graduation.

Philadelphia (Pennsylvania) Saturday Evening Post: Under the title "The Japs Fail in the Philippines," an article by Doctor J. L. Boots published in *The Saturday Evening Post* gave his impressions of why the arrogant and contemptuous Nipponese conquerors have

muffed their chances to win over the Filipinos who don't like to be slapped and scorned.

Doctor Boots spent twenty years in the Near East as a professor of dentistry. Sent by the Presbyterian Board of Foreign Missions to Korea to teach dentistry in 1921, he later went to China to join the teaching staff of Peking Union Medical College. In 1941 he was forced to resign because of his health and had arrived in Manila on his way home when the Japanese struck at Pearl Harbor. Doctor Boots was interned at once in the Santo Tomas Camp but later was released on a health pass for hospital treatment. After a year in the Philippines he was sent to Shanghai and practiced dentistry in a British internment camp until he was repatriated last December and returned to this country.

Wichita (Kansas) Daily Times: Doctor R. C. Steirnberg, Mayor of Huntsville, Texas, has been named dentist for the Texas prison system, succeeding Doctor G. E. Jordon who has been commissioned a Lieutenant Commander in the Navy.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

This month's awards for stories published in *DENTISTS IN THE NEWS* go to:

ELTON N. W. DAVIS, D.D.S., 1271 Lombard Street, San Francisco, California.
G. W. ADAMS, 1009 South Seventh Street, Waco, Texas.
MISS OLIVE WILLIAMS, 2037 Winnebago Street, Madison, Wisconsin.
EMMETT BECKLEY, D.D.S., 228 Kirkpatrick Building, Saint Joseph, Missouri.
SEYMOUR WADLER, D.D.S., 1381 Virginia Avenue, Bronx, New York.
H. OVERLEY, D.D.S., Ryan, Oklahoma.



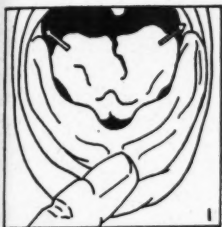
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

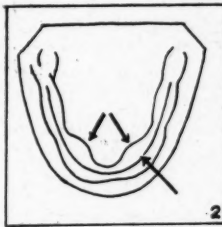
Drawings by Dorothy Sterling

REMOVAL OF TORUS MANDIBULARIS

By R. D. McCLAIN, D.D.S.



Anesthetize with mandibular injections—both sides, if torus is present on both sides.



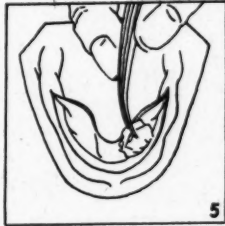
Make incision exactly on the crest of the ridge—long enough to permit free exposure of the prominences without danger of tearing.



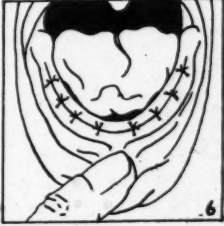
Retract tissue to lingual. For greater access, extend incision further along crest of ridge. *Do not make vertical incision on lingual to gain access.*



If prominences are large, groove with a bur, and chip away in small pieces with a chisel. If small, trim with rongeur forceps and smooth with bone file.



Be careful to remove all bone chips. Use moist gauze and curettes to collect and remove bone dust and small particles.



Close incision. Suture with silk or catgut, stitching far enough from the edge of incision to prevent tearing. Avoid tension on the sutures. Remove sutures in 4 or 5 days.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

RESPONSIBILITY WITHOUT AUTHORITY

A YEAR AGO this magazine published an article RANK WITHOUT AUTHORITY describing the unfair situation in the Army and Navy Dental Corps with respect to administrative autonomy. Some good came from this exposé, particularly because members of the Congress became interested and made insistent inquiries to the War and Navy Departments. All the hoped-for remedies, however, have not been made. The Dental Corps of the Army and Navy still operate under the direction of the Medical Corps. This is inefficient. Physicians are not equipped by education or experience to pass judgment on dental subjects. Their knowledge of dental supplies and materials is limited. They have had no training in dental procedures and techniques. They cannot evaluate the quality of dental service. No one in civilian life thinks of consulting a physician on a strictly dental matter. Why should this be done in the military establishment?

Because dentistry and medicine are related they may function together under the general supervision of a surgeon general. Under the present system there is a Director of Dental Service in the Office of the Surgeon General of both the Army and Navy. This Director is responsible to the Surgeon General for the proper functioning of the dental service. His authority is abrogated, however, because the dental officers at the camps, stations, and on ships are responsible to the medical officer in charge. This means that, although the Surgeons General hold the Directors of Dental Service responsible for the proper functioning of the dental service, their responsibility is immediately nullified by allowing medical officers to be in actual charge of dental affairs. The Directors of Dental Service in the Army and Navy have *responsibility without authority*.

Under the present system there is no direct line of communication possible between the commanding officer and the dental officer. The medical officer is the middle man, who may or may not make pertinent, important, and accurate liaison between the commanding officer and the dental officer. The present system encourages inefficiency in the transmittal of information because the agent-between (the medical officer) is

not prepared by training or experience to have expert knowledge on dental subjects.

The subject of promotions in the Dental Corps is also one of concern. Improvements have been made in the past year. Junior officers have received promotions in approximately the same rate as in other branches of the military service. Although the efficient head of the Army Dental Service is now a major general no brigadier generals in the Dental Corps have been created. The Dental Corps with 16,000 officers has one general officer. No other corps has been discriminated against in this manner. The dental rear admiral is inspector of dental facilities and not the director of the dental division.

The Navy is now making original appointments in the rank of lieutenant commander for dentists past 40. This is an improvement although it is a hardship and a discouragement to qualified men in the same age group who have been in the Naval Reserve and have been on active duty—many for a year or more. These men now on active duty must attain higher rank by the regular procedures of promotion. It is an unfortunate situation wherein dentists who enter the Service from civilian life do so with a seniority in rank to men in the same age-experience group who have been on active duty. It is a situation that should be corrected immediately. It should be said, however, that the evaluation of qualifications for original appointment is made by the Bureau of Naval Personnel and not by the Dental Division of the Bureau of Medicine and Surgery.

At this time when our energies must be directed to the destruction of the military power of the axis, it may appear to be making a nagging criticism to direct attention to the conditions in the Dental Corps. If morale and efficiency can be improved the War and Navy Departments should be interested. The Secretaries of these Departments might appoint a commission of civilian dentists to make an objective study of the Dental Corps and to make recommendations for improvement. The resultant reports should be made to the Secretaries of War and Navy and not to the Surgeons General. Major General Kirk and Vice Admiral McIntire are able and efficient officers but they have shown no disposition to grant administrative autonomy to the Dental Corps. That apparently must come by order of the Secretaries or by Congressional action.

Edward J. Ryan



"Just plain, clear soup. And I have trouble with that."

NUTS TO SOUP

By **SAMUEL P. DICK, D.D.S.**



MISS GATES, impeccably gowned in white, courteously ushered into the chair the patient who just two weeks before had received his new dentures. Doctor B, noisily washing his hands at the basin, concealed his inner annoyance at this unexpected interruption of a crowded schedule by smiling broadly at Mr. Tripp.

"Well, well, Mr. Tripp," he exclaimed heartily while ostentatiously drying his hands with the towel, "how goes the battle?"

The serene look that Mr. Tripp had had on his face when he sat down was suddenly replaced by one of great torture and anguish. He put his index finger at the right side of his mouth, and Doctor B noticed for the first time what enormous hands Mr. Tripp possessed. He decided that the Tripps were probably descended from strong, hale stock.

"It's very sore right here," Mr. Tripp volunteered, placing his finger so that it covered almost the entire right side of his mouth.

"Hm, let me see," said Doctor B, and he deftly removed the lower denture. A quick glance showed, surely enough, an abraded area lingual to the ridge just at the muscle line. His spirits rose a bit, and he immediately calculated that he could relieve the sore spot in a couple of minutes and so would not be too late for his next patient.

He always made a special effort to be on time for Mr. Van Bon, the banker, who had an appointment for this very hour, and actually was waiting now in the reception room. He wouldn't be too late, however, and it was just like this Mr. Tripp to come in without an appointment and insist upon getting emergency relief.

Noting some remnants of green beans, carrots, and some other indistinguishable debris about the denture, the dentist inquired; "You're using your teeth quite well, are you?"

Mr. Tripp's face became sad. "Can't eat anything but soup, Doc. Haven't really eaten any solid food for two weeks. Just soup."

Doctor B, looking speculatively at a piece of green bean, asked politely, "Vegetable soup?"

Mr. Tripp reached for the cup, rinsed his mouth noisily, and gargled thoroughly for a moment. "Nope. Not yet. Just plain, clear soup. And I have trouble with that," he moaned.

Begins Repairs

Doctor B counted ten to himself, reminded himself of his blood pressure, and took the denture to his laboratory. There, he sat down and selected a large coarse stone. Disregarding the time and effort he had spent determining by a rather involved impression technique just where that lingual border should be, he cut the lingual flange down by about three-eighths of an inch. He carefully sandpapered the rough surface, removed his bur chuck from the lathe and replaced it with a spindle carrying a rag wheel. After mixing up some pumice to a paste, he proceeded to polish the denture where he had trimmed it. He got up and was about to return to the operating room when he decided to replace the bur chuck so as to leave

it ready for polishing an inlay later on. He washed out the pumice bowl and went in to see his patient again.

His assistant silently handed him a note which said bluntly: "Van Bon getting restless. How much longer?" The Doctor scribbled the answer: "Two minutes," and Miss Gates went out to pacify the banker.

Another Tryout

With a flourish the Doctor replaced the lower denture in the patient's mouth. "Try that, and see if it isn't better," he suggested. Mr. Tripp clamped his jaws together, pursed his lips as though whistling, experimentally moved his mandible from side to side—all much better than when the dentist was trying to get condylar registrations—and then gave his verdict.

"The right side feels a little better," he announced, "but over here" — his finger inexorably moved over to the left side—"it's still sore."

Despite his best efforts at control Doctor B felt his blood pressure going up. "The *left* side is sore?" he asked grimly.

"Yep, right here." Again the finger pointed. A little more roughly this time the lower denture was again removed, and, sure enough, on the left lingual fold was an area of irritation.

Doctor B could no longer restrain himself. "Why didn't you

say both sides hurt in the first place?" he demanded.

Mr. Tripp looked positively aghast. "I was going to, but before I could get to it you asked about my eating, and we sort of got off the subject. Something about soup."

Once more, Doctor B retired to the laboratory. For a moment he glared at the denture, and then he got out the stone. Again he reduced the impinging flange nearly half an inch, sandpapered the cut surface, once again he changed the chucks and pumiced the denture. This time he left everything the way it was, and returned to the chair. Another message was waiting for him. "Van Bon couldn't wait any longer. Some directors' meeting. Will get in touch with us for another appointment."

"Damn," he mumbled to himself. He was really anxious to get Van Bon finished up, because the banker paid his dental bill in one

sum after the service was completed.

A little wearily he put the lower denture back in Tripp's mouth. "Try that, please," he said resignedly.

Once more, Mr. Tripp went through all his lessons. He brought his teeth into protrusive, clattered them back in centric, slid them into right and left lateral, and finally just clamped them together.

"Feels much better," he admitted, "but, of course, it's still a little sore from before," he added hurriedly. Doctor B heaved a sigh of relief.

"By the way, Doc," suddenly said Mr. Tripp as he kicked out his upper denture with his tongue and placed it on the clean instrument bracket towel, "Could you just polish off some of this tobacco stain in the roof of the plate as long as I happen to be here?"

2898 Main Street
Bridgeport, Connecticut

ORAL HYGIENE IS REACHING DENTAL CORPS OFFICERS

FOR MANY MONTHS, ORAL HYGIENE has been mailed to every member of the Army and Navy Dental Corps whose address has been furnished to us. Copies for those overseas are sent by first-class mail. In addition, copies are sent to dental clinics in Army camps and Navy stations in this country, not so many as we would like, owing to the paper shortage, but as many as possible. Each DENTAL DIGEST subscriber in service continues to receive the magazine without further charge and will receive it monthly, until his return to private practice.

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Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Overextension

Q.—Can you tell me whether overextension of a full lower denture would cause more rapid resorption of the ridge? If so, how would you explain it; would you say it was interference with normal circulation of the blood?

I am wondering if I am perfectly safe in carrying on with my lower denture technique whereby I utilize as much overextension as the patient will tolerate?

Thank you for your help on this question.—W. J. W., New York.

A.—In my opinion, we are much more likely to cause resorption of ridges by underextension of denture borders than by overextension.

I would have to know just what you mean by your statement that you "utilize as much overextension as the patient will tolerate" before I could say that I agree with you. If you mean all the extension the tissue will tolerate without showing signs of strangulation or bruising, I will agree with you fully, but I am sure that dentures should not compress or distend tissue to the point of interference with the free and normal circulation of the blood. I cannot agree with you if you mean that you utilize all the extension that the patient may tolerate or endure in the way of putting up with strangulated, bruised, or in-

flamed areas under their dentures.

I make repeated appointments with my denture patients extending over several days or weeks after the insertion of new dentures. At these times I examine the mouth carefully for pressure or bruised areas, all of which I relieve either by grinding and polishing the denture bases or by adjusting the occlusion, regardless of whether the patient has complained or is even conscious of the pressure or bruise.

I am convinced that it is not overextension that causes resorption but traumatization and strangulation of tissue under imperfectly adapted and adjusted dentures and that assuming the same accuracy of adaptation under a small base and a large base, the larger base is always preferable.—V. CLYDE SMEDLEY.

Paresthesia

Q.—About ten days ago I administered a mandibular nerve block to an adult patient for a simple molar extraction. The patient telephoned the following day and complained that his lip was still numb, and it remained so up to the last time that I saw him.

The anesthetic used was Novocain Tablet "T"; ten tablets and one Ringer were dissolved in ten cc. of sterile water. Will you give me your opinion of

the cause of the prolonged anesthesia?—P. R. C., Michigan.

A.—It is more likely that the paresthesia of the inferior dental nerve in your case was the result of the extraction rather than of the administration of the anesthetic. We have reports of paresthesia following the extraction of each of the mandibular teeth from the second bicuspid back. There was probably a little traction on the inferior dental nerve when the molar was lifted. It is also reasonably sure that the paresthesia will pass away soon.

I can see no reason why you should have unfavorable reactions from the anesthetic solution you describe if you boil it, if your needle and solution are sterile, and if you inject slowly. We are using cobefrin-procaine carpules, and since using this preparation we have less unpleasant reactions than formerly.—GEORGE R. WARNER.

Vincent's Infection

Q.—Will you kindly send me the proper dosage and the technique of administering the nicotinamide in the treatment of Vincent's infection as outlined in ORAL HYGIENE.—C. M. M., Oklahoma.

A.—I find that there is some difference of opinion as to the dosage of nicotinamide or nicotinic acid in the treatment of Vincent's infection. I might say that the dosage can be about the same with either preparation. It is held, however, that the physiologic reaction to nicotinamide is less unpleasant than to nicotinic acid.

One writer¹ advises "for the first four days three tablets of nicotinamide every four hours. The next two days smaller doses are

given." Another writer² gave an average daily dose to 81 patients of 200 mg. of nicotinic acid. Nicotinamide comes in 50 mg. and 100 mg. tablets, so I think it is safe to assume that the first writer gave three 50 mg. tablets every four hours as three 100 mg. tablets would be an extremely heavy dose.

—GEORGE R. WARNER.

Nicotine Poisoning

Q.—I have a patient, 42, who complains of a sore mouth and a burning at the tip of his tongue. All of his upper teeth have been extracted, and all of his lower teeth are out except for the six anterior and the lower right third molar. He is wearing acrylic dentures.

Several months ago he visited a throat specialist, who diagnosed the condition as nicotine poisoning. He immediately stopped smoking and has not smoked since. He claims he smoked two packs of cigarettes, a cigar, and sometimes a pipe daily. His physician also prescribed Vitamin B₁. The condition improved somewhat but not completely after six weeks of this treatment.

The patient then came to me for treatment. His tongue still had the burning sensation, it was coated, and had a caked and split appearance. The gums, especially in the lower ridges, showed white patches which appeared fuzzy with a little ulceration superimposed. I took a smear for Vincent's infection and it was positive. I instituted treatment for it, and stopped after a few days. The palate now feels comfortable, but the lower ridges still have these patches and a slight ulceration superimposed.

I put all of his remaining teeth in the best possible condition by prophylaxis and placing restorations. I advised him to stop using any condiments to prevent further irritation.

The only treatment I could find for

¹Bergmann, Capt. John C. (D.C.N.S.A.) at the 1943 annual meeting of the Georgia Dental Association.

²King, J. D.: Brit. D. J. 74:113-122, March 5; P. 141-147, March 19; P. 170-176, April 2, 1943.

July, 1944

ORAL HYGIENE

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nicotine poisoning was to stop smoking and put nothing irritating in the mouth.—E. A., New Jersey.

A.—It seems to me that you have handled your case well and that your patient has been most cooperative. The physician advised the best possible treatment for nicotine poisoning; that is, abstinence from the use of tobacco and the use of Vitamin B₁.

It is quite likely that he has not yet realized the full benefits from this treatment and that he should not be discouraged. If he is not drinking enough water, eight glasses daily, he would benefit from that regimen. Burning at the tip of the tongue sometimes comes from loss of normal vertical dimension, so it would be well to look into that and be sure that the bicuspid and molars are giving good support. Vitamin B₁ deficiency causes painful conditions of the tongue. As the general condition of the patient improves it is likely the condition of the lower jaw will improve.—GEORGE R. WARNER.

Sinus Condition

Q.—A patient, a woman of 28 complains of pain in her lower teeth on the right side. She has a sinus condition and her nose bleeds easily.

I am enclosing roentgenograms of the lower teeth and the upper second molar. I think the cause of the pain is a combination of the sinus and pulp stones. Most of the pain is at the mental foramen and extends back into her head.

I am asking your advice before saying anything to the patient about what to do.—F. F. T., Nebraska.

A.—From the case history of your patient one would think that you are right about there being para nasal sinus condition or eroded blood vessels in the nasal fos-

sae. In any event she should consult an otolaryngologist. She has large pulp nodules and, therefore, the teeth could be the site of the pain of which she complains, although the pulp chambers are clearer in the mandibular teeth than in the one maxillary tooth.

I believe there is a cavity in the mesial surface of the mandibular second molar but it does not seem likely that this can be causing the pain. I can see no disturbance of the periodontal membrane or the periapical bone. The fact that these structures are normal argues against the teeth being the cause of the pain. It would seem wise to retain the teeth until it is proved that the nasal and sinus conditions are not causing the pain. The teeth can be taken out any time if they are proved to be the cause.—GEORGE R. WARNER.

Excess Salivation

Q.—Please advise me on the cause and treatment of the following case. I have recently made an upper and lower denture of rubber. The dentures fit perfectly in all respects, but the patient suffers from extreme salivation as long as he has them in his mouth.

This patient is a shoemaker by trade, and keeps nails in his mouth. Would this have any bearing on the case?

I have relieved the pressure on the anterior and the posterior foramina, and also prescribed a mouthwash.

I should also appreciate it if you would advise the cause and remedy for dentures that click.—W. R., Missouri.

A.—An excess flow of saliva with dentures occurs because the dentures are a foreign substance in the mouth. It will undoubtedly return to normal as soon as the patient becomes accustomed to them. No doubt the combination of nails and dentures add to the man's dif-

ficulty in becoming accustomed to them, but time and patience should solve the problem.

The cause of dentures clicking is usually that the bite is opened too far or that the occlusion is not properly balanced.—V. CLYDE SMEDLEY.

Lower Denture

Q.—I made a full lower denture for a patient, a man. He has all his own upper teeth.

When his own teeth were in place, his lower jaw receded and he had to extend it a little while eating. In making his dentures, I set the teeth on the ridge and in the only place that seemed correct for them.

They are his first dentures and he says they are perfect except, when he is eating, they raise up at the back. I should like to know how to correct this.—E. A. P., Rhode Island.

A.—A full lower denture occluding with natural upper teeth presents the most difficult denture problem with which we have to contend.

From your description of this case I judge that you have done exceptionally well with this problem. If your patient knows when he is well off he had better be grateful for what he has and be happy to get along without biting on the front teeth or learn to do so by pressing inward on the morsel of food to prevent the denture tipping. He can also learn to assist stabilization with tongue and cheek pressure.—V. CLYDE SMEDLEY.

Flabby Tissue

Q.—I have a woman patient, 50, in good health, who has worn an upper denture for eight or ten years but she

has only seven lower teeth. The result is a soft, flabby area on the upper ridge extending from the cuspid area on the one side to the cuspid area on the opposite side. She came to me recently; and the upper ridge and also the palate were badly inflamed. Her few lower teeth are infected with pyorrhea, so I advised her to have them removed, and a new upper and lower denture made.

From the description, would you advise surgery to remove the soft tissue on the upper ridge? Or is it best to leave it alone and make a denture to cover it?—F. W. R., Colorado.

A.—If you can make an impression of this flabby tissue in a relaxed, pendulous position without displacement and still secure a good seal all around the periphery, in most cases a satisfactory denture can be fitted without surgical removal of the soft tissue.

Where inflammation and congestion is present, as in this mouth, the patient should be instructed to leave the old dentures out until tissue has returned to normal, before the impression is made.—V. CLYDE SMEDLEY.

Excessive Bleeding

Q.—Would you please tell me what is an effective home treatment for post-operative bleeding?—W. C. R., Oklahoma.

A.—The most convenient and effective home treatment for post-operative bleeding is pressure. Fold a piece of gauze to make a compact pad which is placed directly over the bleeding socket, and instruct the patient to close firmly and maintain a firm pressure until bleeding stops and the blood has time to coagulate.—V. CLYDE SMEDLEY.

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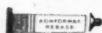


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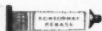
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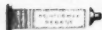
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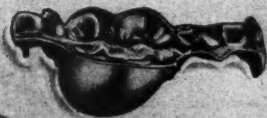
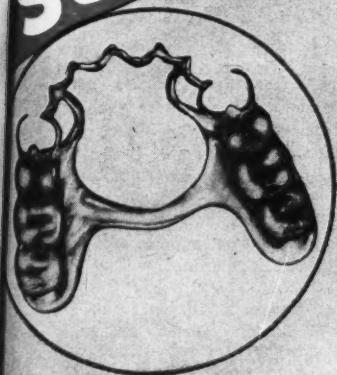
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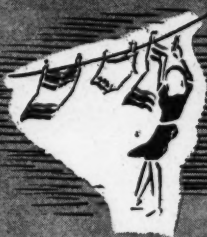
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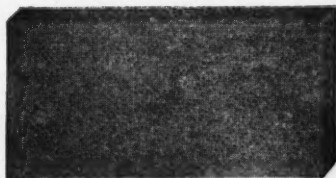


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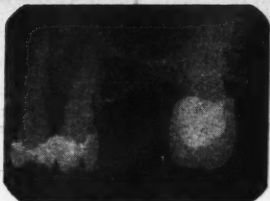
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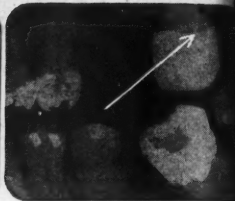
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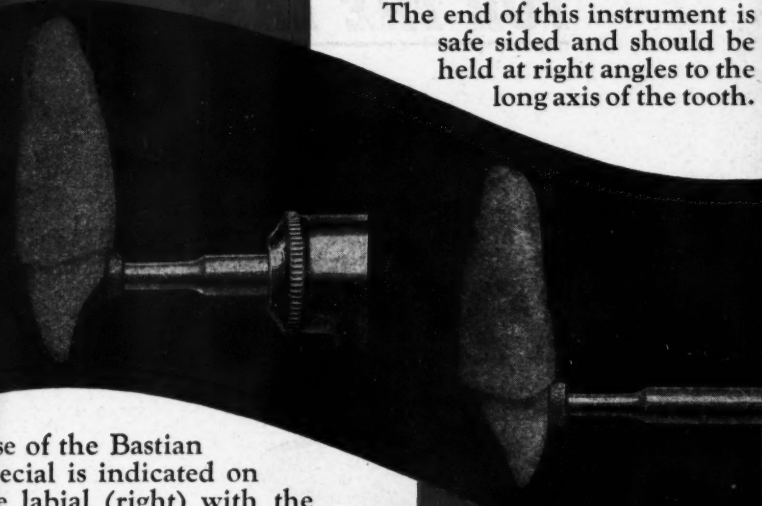
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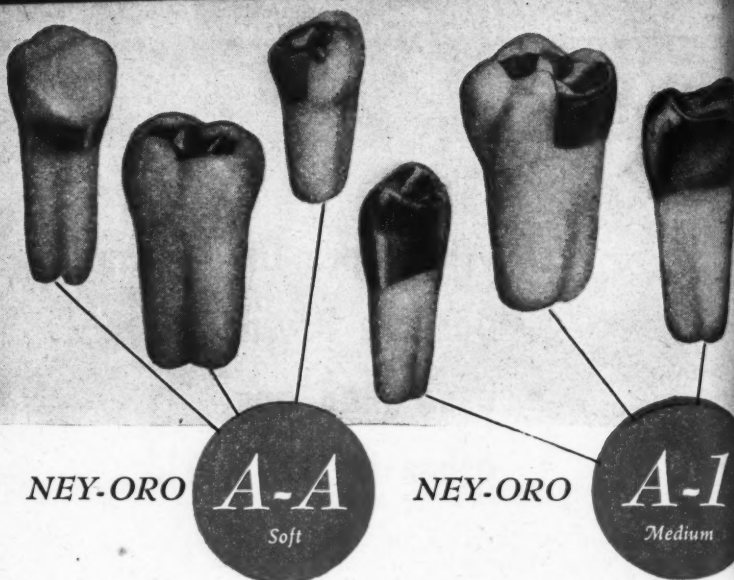


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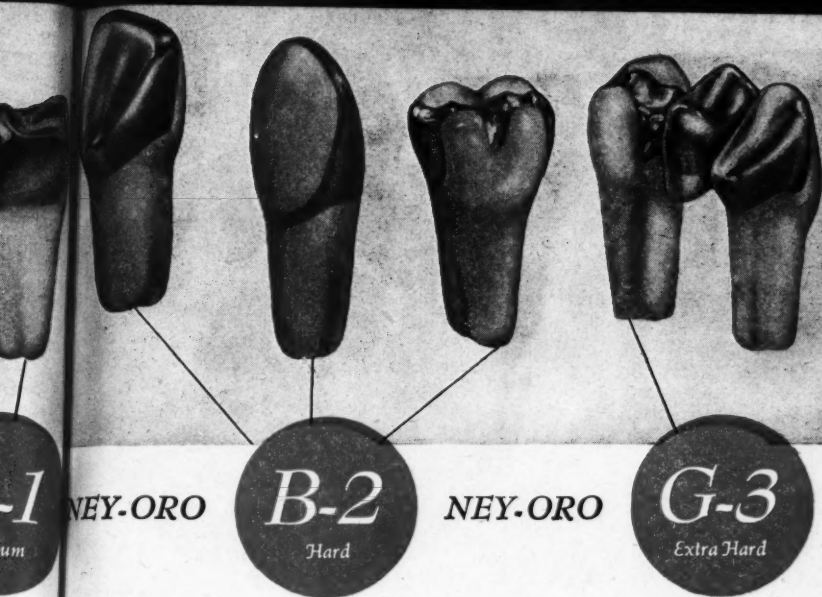
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NEY-ORO B-2 (Hard) — The specific bridge
and $\frac{1}{4}$ crown gold; also suitable for
general inlay work; extensive burnishing
and moderate service stresses. Complies
with ADA Spec. Type C.

NEY-ORO G-3 (Extra Hard) — For thin $\frac{1}{4}$
crowns, inlays, abutments, and pontics;
moderate burnishing and maximum ser-
vice stresses. No ADA Spec. for Extra
Hard.

*This series of golds meets every
requirement of inlay and bridge
work. All harmonize in color.
All priced at \$2.00 per dwt.*



THE J. M. NEY COMPANY
HARTFORD 1, CONN.

bridge golds

JELENKO

Sturdicast

REG. U.S. PAT. OFF.

FOR 1-PIECE AND
UNIT CASTINGS.
CLASPS, BARS,
SADDLES, ETC.



GOLD COLOR
PER DWT. \$1.70

14 YEARS ago Jelenko "Sturdicast" was introduced to provide the profession with a truly high quality gold colored gold for popular-priced cast partials. It is performing that same service today on an even greater scale.

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When cost is a factor — Specify "Sturdicast."

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Everywhere

ITS UNFAILING
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MANUFACTURE



The Test Number on every Jelenko Gold Envelope is the key to the history of that piece of gold from Melting Pot to the final Physical Properties Test.

J.F. Jelenko & Co., Inc.

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136 West 52nd Street New York 19, U.S.A.

Send your Scrap to Jelenko, Accounts, Express, Prompt Payment

BETTER, FASTER, MORE EFFICIENT POLISHING



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**Webbed Rubber Polishing
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- Retains abrasive at higher speeds
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- Smooth and gentle in operation
- Always runs true
- Made of flexible long-life rubber
- Is permanently mounted
- Conforms to tooth surface



U. S. Pat.
Sept. 14, 1937

• More efficient and lasts longer
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"The Fastener That Stays Put
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Here's a smart - looking dental throw that will not crack, peel or get stiff! Hydro-Sealed Dental Throws are coated with a waterproofing solution on a light-weight cotton base. They're well-made, reinforced at points of stress for maximum wear and economy, and wash easily in warm water and soap flakes. White only. Ask your dealer!

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**VITALLIUM
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(Smith-Petersen Type)

Reference:

"Arthroplasty of the

Hip—A New Method."

Smith-Petersen, M. N.

The Journal of

Bone & Joint Surgery,

21-2, April, 1939.

AUSTENAL LABORATORIES, INC.

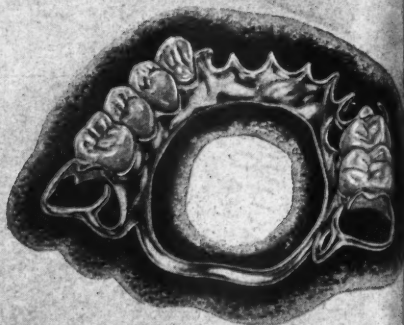
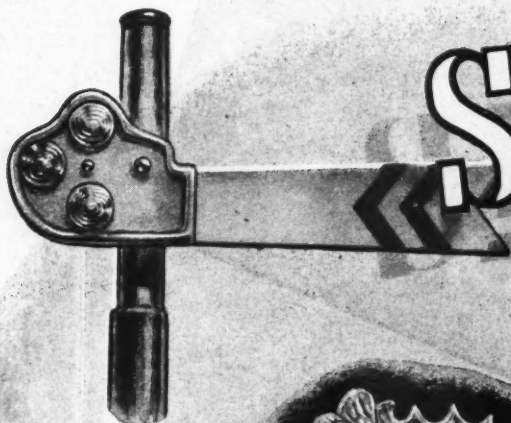
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SAFETY +

DENSER CASTINGS

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EASY TO SOLDER

CAST OR WROUGHT CLASPS



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LABORATORY NEAR YOU

Doctor, haven't you
seen hundreds of
teeth like these...

*Teeth with cervix exposed by
receding gingivae...teeth show-
ing clean-cut, lateral grooves
in the cementum and dentin?*



But, have you considered these questions?

- WHAT CAUSES THESE GROOVES?
- IS IT BRUSHING TECHNIQUE?
- OR THE BRUSH ITSELF?
- OR ABRASIVES IN DENTIFRICES?

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The booklet summarizes recent clinical and laboratory studies that seem to indicate the cause of this trouble . . . and points to a new technique that may avoid such damage. Generous samples of TEEL, the non-abrasive liquid dentifrice, are provided for your own experimentation and use.

Simply fill in the coupon and mail.

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20-ft. roll with
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saves material and saves you money. Enables you to tear just the quantity you want. All three can be had with dispensers. Buy them and save.



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Study the many important advantages of STEELE'S NEW HUE FACINGS. They are indicated for all anterior bridgework: fixed, semi-fixed and removable. The shades are those of Dentists' Supply Company's New Hue Shade guide.

No Steele's product has ever been recommended to the dental profession until its superiority had been established in thousands of practical cases.

**ONLY STEELE'S
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HAVE ALL THESE FEATURES**

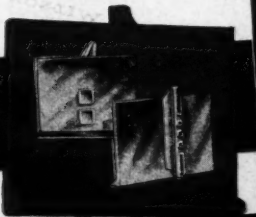
- Practical porcelain incisal.
- Moulds designed for bridgework.
- Opacity at incisal eliminated.
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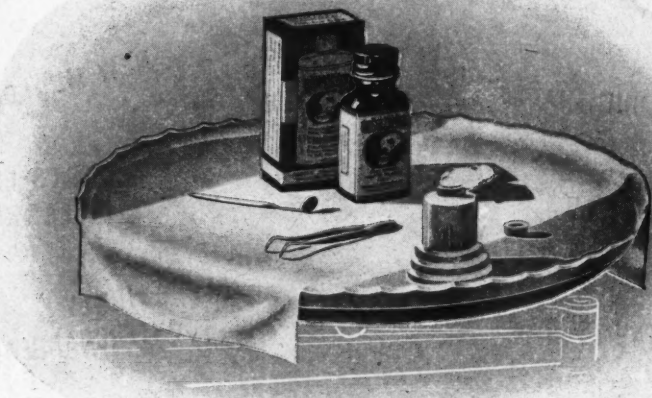
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FREE DENTISTS' SAMPLES
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With *Either* STIFF or SEMI-STIFF MIXINGS. *It's*

S-I-o-w Setting

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Fast **Setting**

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Natural translucency, deep fillings do not appear darker than those of same material inserted in shallow ones. Universal, using *your customary technique* of which 3 basic shades meet the major number of tint requirements. *SIX* basic shades supplied.

SYNTHAY PORCELAIN costs $\frac{1}{3}$ less than other fine porcelain

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Perfect Garhart Synthay Porcelain is supported by more than 20 years of research and successful clinical performance.

Money Saving Offer at \$12.50

Complete 6-color outfit with small shade guide. Contains 6 full portion sizes of powder, 3 full double size portions of liquid. Complete assortment of shades.

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High frequency induction melting plus the addition of indium—both introduced to dentistry by Williams—assure precious metal alloys of exceptional



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SO closely does Williams "6" All-Purpose Casting Gold match the natural hue of tooth enamel—without mirror-like reflections—that many consider it the truly inconspicuous restorative material.

Added to this cosmetic value is physical compatibility—strong, and yet not too hard for tooth structure.

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"6"

ALL-PURPOSE

CASTING GOLD

with indium



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Prepared in
less than 60 seconds
by merely adding
cold water



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Our new booklet "Only Kerr Adds" . . . tells more about the many differences between Kerr Crystolex and other acrylics. Ask for it!

IF ALL acrylics were the same, they would react identically to the same chemical test. In actual fact their reactions differ widely.

The reproduced photograph of such a test proves wide difference between Kerr Crystolex liquid, in the center, and two representative cheaper acrylic liquids packaged and offered for dental use.

The same quantity of the same reagent was used on all three. On the 99.9% acrylic purity of Crystolex liquid (center) the reagent showed no reaction whatever. Acrylic liquid on left reacted by turning bright orange, while acrylic liquid on right formed long stringy precipitate. Only foreign matter could create these reactions.

KERR DENTAL MFG. CO., Detroit 8, Mich.
Established 1891

KERR *Crystolex*
REG. U.S. PAT. OFF.

A Proved

FOR SUPERIOR RESTORATION

There is not much time for experiment in the modern dental laboratory, where selection of dental materials is made entirely on merit, and performance counts for more than a name. That is why the commercial laboratory approval of Hue-lon is so convincing as evidence of Hue-lon's superior characteristics.

Hue-lon is a DuPont-created plastic. It is made specifically for dentistry by DuPont and Caulk.

Hue-lon has high impact strength, resiliency, toughness and dimensional accuracy. For crowns, bridges, inlays, Hue-lon is the ideal material.

Many dentists, intrigued by the possibilities of Hue-lon, are making their own inlays. For this purpose, a special Inlay Package for dentists has been assembled. It contains all the necessary materials for inlay work. The only extra equipment needed are a flask and bench press.

The Inlay Package is a marvelous way to become acquainted with Hue-lon. After you have worked with this modern plastic and discovered its positive advantages, you will agree with the laboratory man who says, "Hue-lon is revolutionizing prosthetic dentistry."

CAULK
Hue-lon

TRADE MARK

for CROWNS • INLAYS • BRIDGES

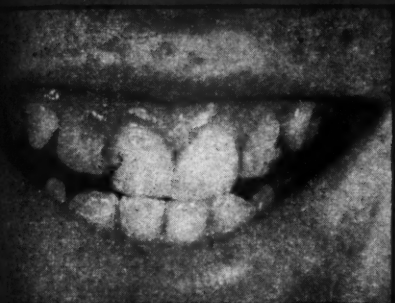
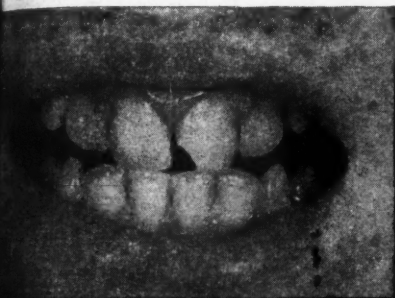
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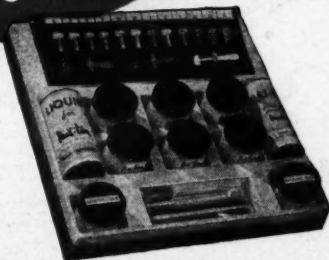


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THE INLAY PACKAGE
FOR DENTISTS · \$13.75

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| 2 Hue-lon Powders | 1 liquid dropper |
| Hue-lon shade guide | 1 preparation for class II inlay (mounted on pedestal) |
| 2 bottle Plascote | |
| 2 sticks inlay wax | 2 sticks inlay wax |
| 2 Bottle Hue-lon | 1 powder measure |
| liquid | 2 mixing jars |



DGES



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Prophecy...

Research has established that "family characteristics" of teeth persist through generations and are closely governed by the Laws of Heredity.

You can predict with reasonable accuracy the adult tooth characteristics of this infant, based on observed tooth traits of the parents, grandparents, brothers or sisters.

Where there is no record for guidance in the selection and alignment of teeth for the edentulous patient, it is sound practice to examine the dentition of a near blood-relative.

Inherited anatomical characteristics and colors of teeth will be

disclosed by such examination. This procedure also affords a valuable clue to tooth arrangement.

Five-Phase Anteriors provide the only means by which the natural characteristics of the patient's teeth may be reproduced in artificial dentures.



FIVE-PHASE

A N T E R I O R S

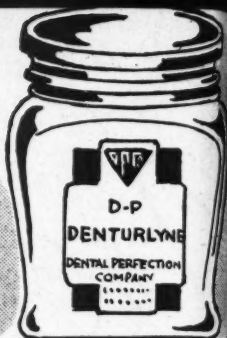
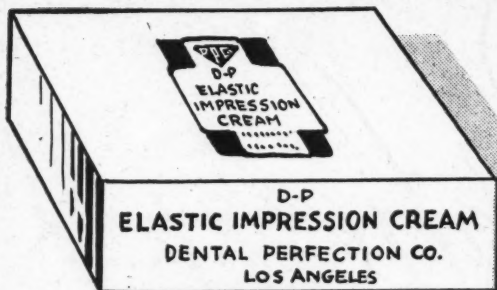
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Probably one of the most interesting stories in the development of better products is the story of the D-P Marine Laboratories. Our chemists, under the guidance of Mr. Stanley Noyes, are ever experimenting with and seeking newer and better products.

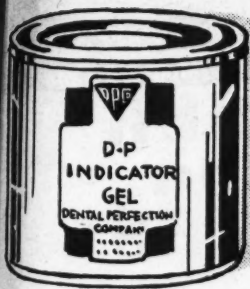
WHITE ELASTIC IMPRESSION CREAM

Of all the impression materials ever developed, none has won the enthusiastic approval and steady use as has D-P Elastic Impression Cream. When handled according to the very simple technic developed for its use, results are uniformly satisfactory — and uncannily accurate. D-P Elastic Impressions may be left in water overnight, with absolutely no dimensional change taking place.

INDICATOR GEL

When sore spots develop or suction is lost, Indicator Gel shows where to bite for accurate results without destroying the restorations. It can also be used as a final wash on full impressions.

DEAR DOCTOR: IF YOU'RE A DOUBTER, IF YOU MUST BE SHOWN, THEN YOU ARE A SURE USER OF DP PRODUCTS. THESE PRODUCTS HAVE BEEN MADE BY A FIRM THAT DOESN'T BELIEVE IT UNTIL IT'S PROVEN TWICE.



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ter products — for better dentistry. Yes, from the depths of the ocean, the guide deep sea divers bring up all manner of materials which are classified for future newer uses.

TEAM DENTURLYNE

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SLIK CAST SOLUTION

re to Dentists who use this combination of chemicals are delighted with the smooth, dense castings they get — entirely free from pits and bubbles. Results are always the same, always satisfactory.

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YOUR reputation is the most important thing YOU have ...

The DENSCO name is the most important thing WE have!

**We stake OUR
reputation
with YOURS**



DENSCO

"Service"
(Methyl Methacrylate)

**ACRYLIC
DENTURE
MATERIAL**

One pound package
(powder & liquid)
Approx. 25 dentures
\$7.50

Five pound package
(powder & liquid)
\$30

Densco "Service" is backed by one of the old, established names in the dental supply world. "Service" brings you everything you can possibly want in acrylic denture material, in an economical package.

- Made exclusively for denture use.
- Meets A.D.A. Specification No. 12
- Contains no plasticizer

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**Distributed and
guaranteed by -**

DENSCO

**The
DENTAL SPECIALTY**

DENVER · BOX 420 · COLO. Manufacturing Co.

SO

YOUR PATIENT IS TALKING OF

Her operation

Oral surgeons recognize that, following protracted surgery—such as may be involved in extraction of the third molar, removal of cysts, etc.—“tightening” of the facial musculature, with a certain amount of jaw immobility and possibly some degree of trismus, may occur.

To prevent the onset of such sequelae, auto-administered oral exercise in the form of gum chewing is frequently advocated, promptly following operative work.

For this purpose, more and more dentists recommend Dentyne specifically. The size of its bolus and its firm resilience effectively invoke a desired degree of muscular stimulation (and sialogogic impetus as well). Because of Dentyne's appealing flavor, such exercise becomes a real pleasure for the post-operative patient.



Dentyne

CHEWING GUM
THE IDEAL MASTICATORY



World of Meaning

VERNO BENSHOFF COMPANY

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... Just 3 Words



Chemists the world around, plastic engineers and scientists agree that plasticized resins are necessarily softer, weaker and less stable chemically and physically than pure resins. They know that plasticizers, added to commercial molding powders, speed up production. So when the end requirements are not too exacting and economy demands mass production methods they compromise and use the adulterants.

Research and experience bears this out. Many articles have appeared in the scientific journals and numerous papers have been read before learned societies . . . but they all boil down to this fact: products that can be processed without plasticizers are stronger, harder and more stable.

VERNONITE is a 100% pure acrylic denture resin made for the single purpose of processing the strongest, hardest, most stable restorations possible. The label on every Vernomite package assures you that Vernomite **CONTAINS NO PLASTICIZER**. That's why we say there's a world of meaning in these three words.

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MONUMENT TO
NATURE'S ART

Down through the centuries, nature's hand has carved out of earth and rock, this monument of lasting beauty. Cracks, strains and erosions give variety to its surface... changing colors and light reflections keep its charm alive, vibrant.

In duplicating the live beauty in teeth, Dr. Myerson's True-Blend follow the same natural laws. Variety for interest; color and harmony—the play of light and shadow—for vibrant beauty.

Hand-blended by skilled craftsmen, Dr. Myerson's True-Blend Teeth gain their charm from a blending of striations, erosions and irregular incisal edges.

And these more natural looking teeth are stronger, too. For greater security in processing and use, specify—

Dr. Myerson's
TRUE-BLEND *Anteriors*
and
TRUE-KUSP *Posteriors*



.. under operating conditions

Because of structural instability . . . some silicate liquids tend to gain—or lose—moisture every time the bottle is opened. This lack of equilibrium between the constituents of the liquid vitally affects the setting time of the mix as well as the quality of the final restoration.

Certified Enamel liquid, with its inherent

stability and greater equilibrium, withstands the rigors of routine office use so successfully that the last mix in the bottle sets as promptly as the first . . . in January or July. That's why satisfactory results are more constant with Certified Enamel Improved . . . the rule, rather than the exception.

LEE S. SMITH & SON MFG. CO., PITTSBURGH, PENNA.

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ENAMEL

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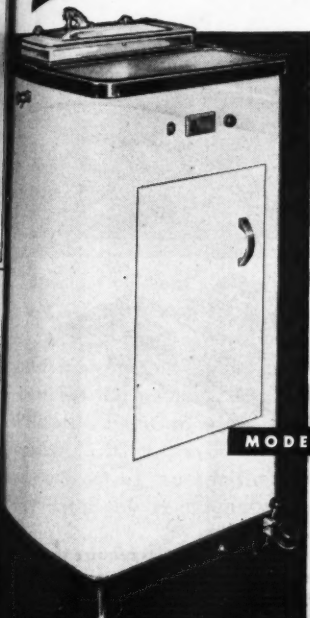
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Boilers

ARE BACK!

Pelton Sterilizers are again being manufactured for civilian use with cast brass, lifetime boilers—the same exclusive Pelton design, with sloping bottom to facilitate draining, and smooth, easily cleaned interior without humps or ridges. Now you can replace your old sterilizer with a brand new Pelton of standard construction and design, including non-tilting tray lift, dripless cover hinges and the famous "Sentry" Cutoff, for complete safety when forgotten. Better order from your dealer at once!

PELTON & CRANE COMPANY
DETROIT, MICHIGAN



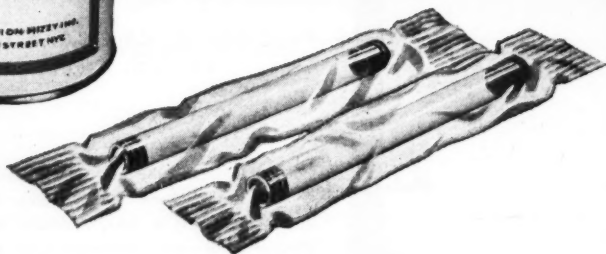
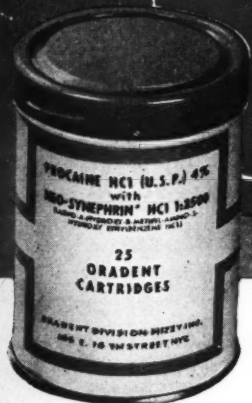
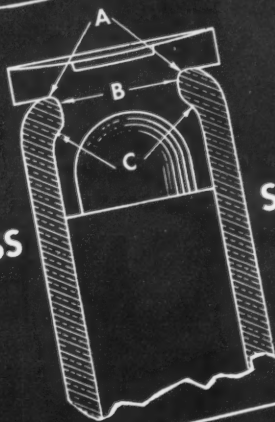
MODEL 77

● One of the most popular Sterilizers of all time. Removable Lux glass tray recessed in top, toe recess in base, hydraulic cover lift and check, with easy-action rubber pedal, two glass shelves, pilot light and interior light. Available in standard finishes: Eastern Zone, \$102; Western Zone, \$109.

Pelton Sterilizers

CROSS

SECTION



All commonly used anesthetics require the use of a vaso-constrictor. Some are more likely to affect cardiac output than others. However, Neo-Synephrin being the least toxic of all commonly used vaso-constrictors, is also *least likely* to affect cardiac output.

PROCAINE WITH NEO-SYNEPHRIN 1:2500

LEAKPROOF CARTRIDGE!

1. Rubber cap is locked in place!
2. Rubber cap compression-sealed against glass in 3 critical areas!

The most efficient formula in the most efficient *leakproof* cartridge . . . exactly what every doctor has been looking for! Unlike anesthetics of similar potency, Oradent 4% Procaine Solution with Neö-Synephrin 1:2500, tends to make a smooth-acting, anesthetic involving fewer side reactions. * * *

It allows ample operating time yet does not last so long as to make the patient uncomfortable. Anesthesia is profound, yet the doctor cannot fail to notice improvement in patient behavior — the lack of nervousness, tremor, perspiration, fainting. It's smooth-acting . . . easy on the patient. * * * *

Oradent

DIVISION OF MILLER INC. NEW YORK CITY



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THIS HIGHLY SPECIALIZED ORGANIZATION IS DEDICATED TO THE KIND OF SERVICE TO THE PROFESSION THAT BUILDS AND MAINTAINS PUBLIC CONFIDENCE . . . LASTING SATISFACTION . . . AND PROSPERITY

Dee facilities include the most modern type of refining equipment . . . assurance to you that your scrap shipments will yield the maximum in reclamation value for CHECKS THAT SATISFY

DEE GOLD

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1900 W. KINZIE ST.

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Precious Metals
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Consider this

During the manufacture of methyl-methacrylate monomer, dangerous foreign elements are produced. If not successfully removed, repeated contact with the material may result in harmful results upon the health of the operator.

Fractional distillation (commonly employed for this purpose) is not 100% effective, due to mechanical carry-over.

To make certain that these harmful elements are completely eliminated, Opalex chemists developed a unique process that purifies every drop of OPALEX monomer by "multiple hydrolysis."

This is merely one of our many exclusive safeguards insuring freedom from toxicity and faulty phenomena in the finished denture.



LABORATORY PACKAGE (Illustrated Here)

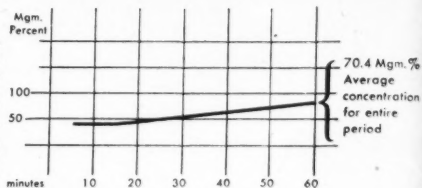
One Pound Powder	\$12.00
Eight Ounces Liquid	
Five Packages	\$11.00 Each
One Purchase	
Ten Packages	\$10.00 Each
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The OPALEX Company

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By the makers of OPALOID . . . the elastic impression powder that is impervious to atmospheric deterioration and does not suffer dimensional change after six days in water.

One tablet chewed for one hour promptly initiates and maintains a high concentration of locally active sulfathiazole, averaging 70 mgm. percent saliva over the period of an hour's chewing. Two tablets increases the concentration approximately 20 percent.



A NEW, EFFECTIVE METHOD OF LOCAL CHEMOTHERAPY FOR TREATMENT AND PREVENTION OF DENTAL SEPSIS

THE unique value of this new, effective method of locally treating oral infections consists in this:

1. Chewing one tablet provides a *high* salivary concentration (70 mg. per cent) of *dissolved* sulfathiazole...
2. that is *maintained* in immediate and *prolonged* contact with oral areas which are not similarly reached by gargles or irrigations...
3. Chewing 2 tablets increases this concentration by 20 per cent...
4. with a relatively small ingestion of the drug, with either dosage, and consequent negligible systemic absorption.

Typical indications include preven-

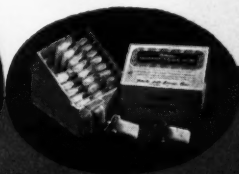
tion and treatment of local sulfonamide-susceptible infections that are primary or secondary to oral surgical procedure.

Also in Vincent's disease, carefully controlled investigations have demonstrated healing within 48-72 hours after start of treatment with White's Sulfathiazole Gum.

DOSAGE: One or two tablets chewed for one-half to one hour at intervals of 2 to 3 hours, depending on the severity of the infection. Patients should be instructed to refrain from eating or drinking during and immediately following use of White's Sulfathiazole Gum.

Available: *On Prescription Only*—in packages of 24 tablets.

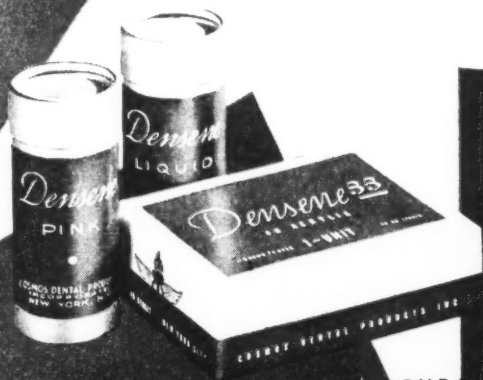
White's
SULFATHIAZOLE GUM

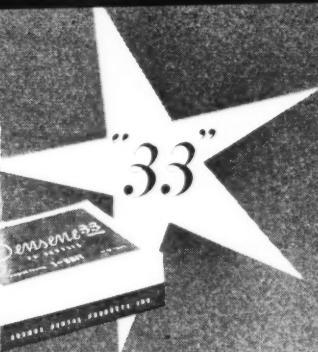


Product of WHITE LABORATORIES, INC., PHARMACEUTICAL MANUFACTURERS, NEWARK 7, N.J.

Commendable

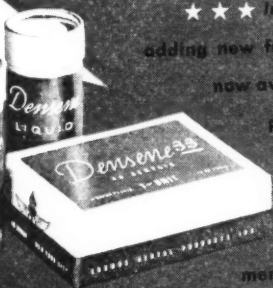
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Receptive
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PINK
100% SUGAR FREE
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 New features to Densene are
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"TEMPORAL" CURE UNIT

It is a thoroughly trouble-proof material that is not "temporal." Ready for packing within eight minutes—cures in one hour—cannot pit or check teeth—reduces dimensional curing change to an insignificant micrometric measure.

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Therefore...

HERE ARE POINTS TO REMEMBER ABOUT STARLITE DIAMOND INSTRUMENTS

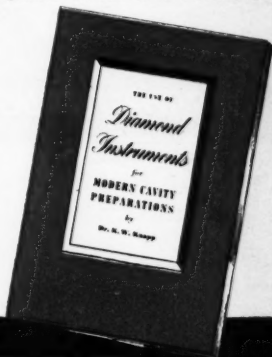
- 1** They're made by an exclusive process which evenly distributes the diamond particles throughout the entire surface to a practical working depth for each instrument.
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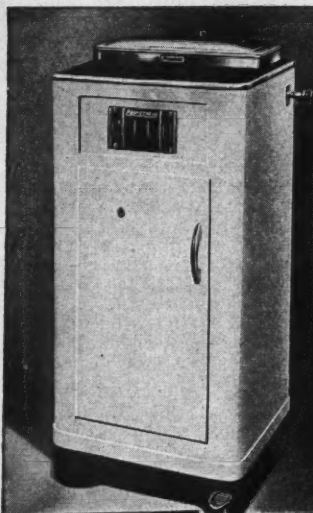
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POPULAR priced model. Complete sterilizing facilities. Modern in design. Rounded corners. Recessed base for toe room. Finished in porcelain enamel in all standard colors. 16" by 14". Special features include cast bronze sterilizer with automatic control, switch and pilot light, silent-closing, dust tight metal door, and convenient foot-lift for raising cover.

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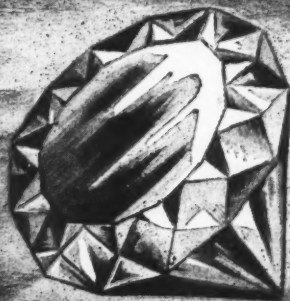
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FIRST impression your patient forms of you and your equipment always comes from your mouth mirror. For it's the first instrument you use. So make that impression count in your favor. With a beautiful Kerr Mouth Mirror kept bright, shiny and intact by the following technic:—

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Make your matchless Kerr Mirrors last twice as long and so conserve the critical materials which keep current supply limited—until Victory.

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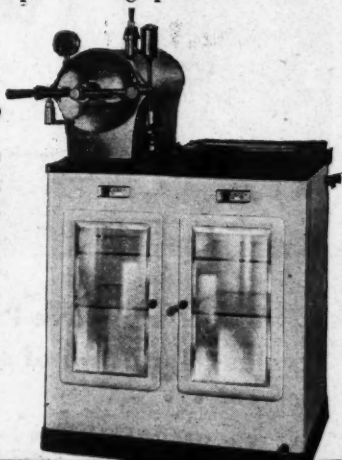


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Handsome enough to become a part of your post-war office . . . and definitely post-war in features and the service it gives. Silent foot lift . . . roomy storage cabinet . . . large instrument sterilizer with Full Automatic Control . . . porcelain top providing ample working space.

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HAVE SCRATCHED AND
WORN ME DOWN —"



"TELL HER, DOCTOR,
THAT I'M 60 TIMES
SOFTER THAN NATURAL
TEETH AND NEED GENTLE
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"AH ME!—
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HOW I SPARKLE!"

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When patients leave with new
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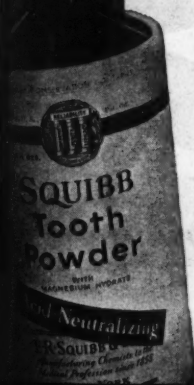
When your mouth tingles with cool refreshment, when your teeth look clean and bright, you feel invigorated and it's easy to sing about a beautiful morning. That's the pleasant mouth sensation a first-thing-in-the-morning brushing with Squibb Tooth Powder brings . . . and it brings the same feeling to your patients every time they use it—whether once, twice, or three times a day.

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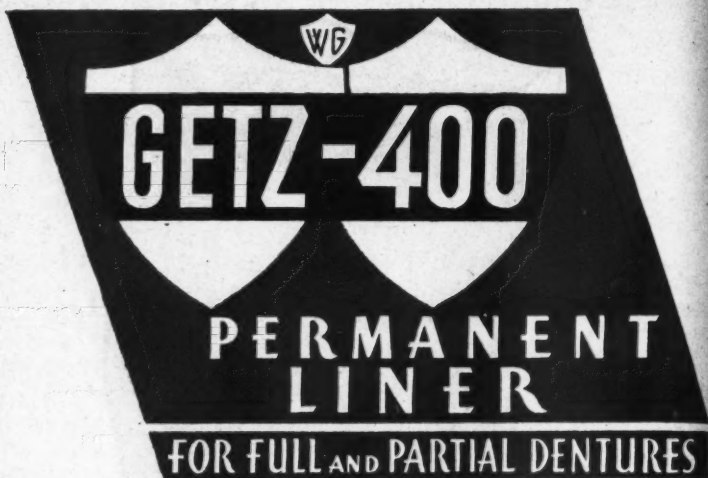
NEW HUE and Beautiful

NATURAL TEETH contribute their beauty to the charm of the smile in the photograph on the left — the photograph above shows how Trubyte New Hue Teeth* with their fidelity to natural teeth maintain the charm of that smile.

Trubyte New Hue Teeth combine the elements essential for beautifully natural dentures — harmonious forms, natural shades, graded sizes, translucent, fluorescent porcelain.

TRUBYTE *New Hue* **TEETH**

*The Trubyte New Hue Teeth made for this model are shown above by double photography.



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OF STABILIZING LOWERS**

**Simplified
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**No Cellophane
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**No Denture
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**Only a Few
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Chair Time**

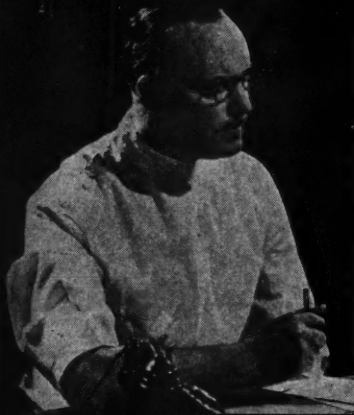
**Low Cost . . .
About 40c
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- ★ Ready for use from the tube . . . no processing, no mixing.
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- ★ So mild that use of cellophane is unnecessary.
- ★ Simple as taking a plaster wash.
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- ★ Transparent . . . to blend perfectly with tint of the denture.
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- ★ \$8.00 per tube; usually enough for 20 dentures.

Order from your Dealer or write direct.

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for performance and economy . . . and for permanence
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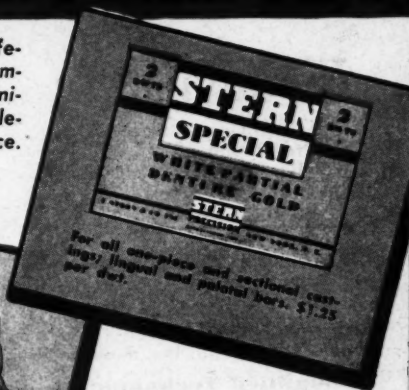


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That's right, doctor . . . and you don't want to be placed in the position of "selling" the patient with a denture metal whose name falls strangely upon his ears. In these harassing days when you must make every office moment productive—precious metal and precious time work hand in hand—for to the mind of the average patient nothing takes the place of gold. No other kind of denture casting metal meets with quicker approval. That's why we say:

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STERN SPECIAL WHITE has a Brinell Hardness of 164 in its softened condition with 12% elongation, and in its hardened condition 283 Brinell Hardness with 2% elongation. These properties distinguish this economy-priced gold—an unusual combination giving maximum efficiency at \$1.25 per dwt.

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**IMMEDIATE and
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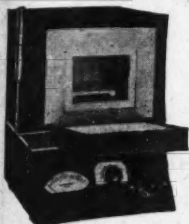
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Complete with Pyrometer... **\$74.25** Ideal for duplicating identical results in any wax elimination technique, tempering, etc. This Furnace will give you 7 stages of heat within each of 3 ranges (0 to 500° F., 500 to 1000° F., 1000 to 1800° F.). Furnace and all component parts are constructed for heavy duty service and long life.

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WHITE GOLD,
CHROME METALS**

**Complete
with
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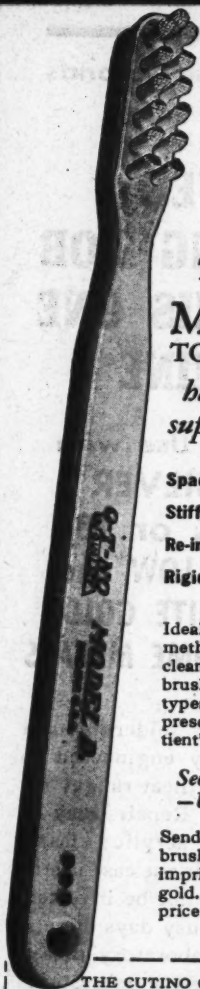
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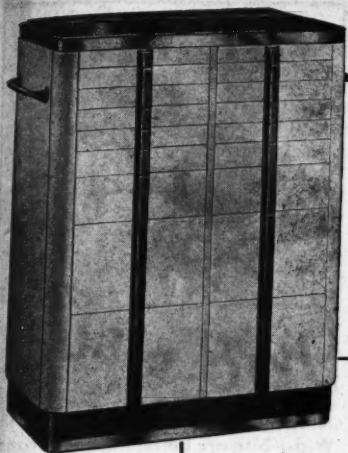
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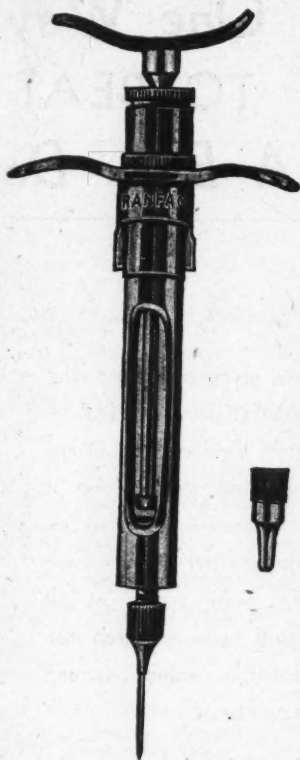
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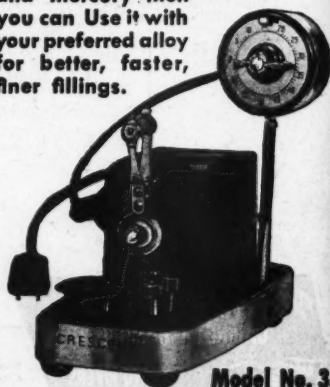
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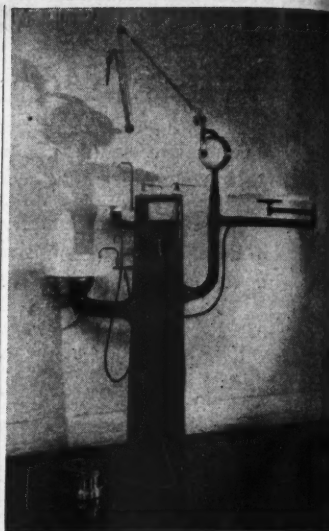
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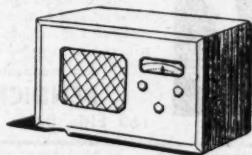
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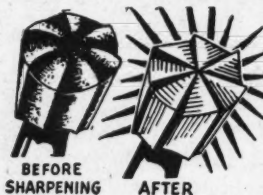
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Special! Send 4 dozen Burs, Reshaped like new for only \$1. (Introductory only) Guaranteed Fully.

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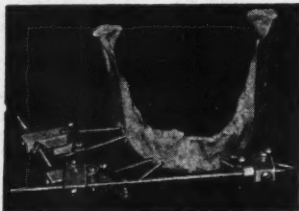
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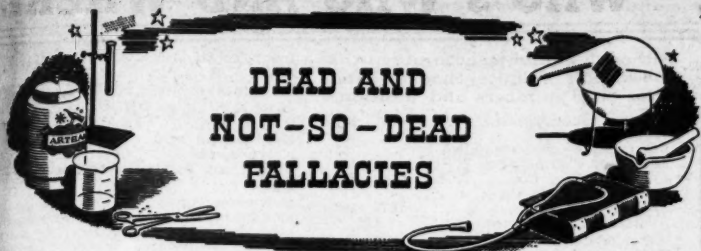
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THE KOLYNOS COMPANY • NEW HAVEN, CONN.

**Experience
Suggests**

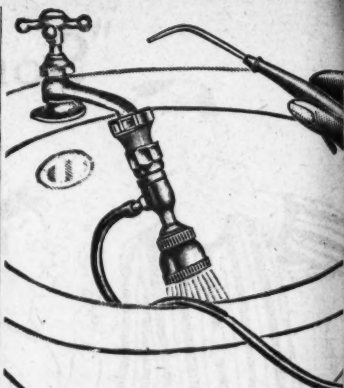
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IPANA

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